But is it [History of] Medicine? Twenty Years in the History of the Healing Arts of China

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Summary. This article sets out to give an account of changes to the map of the history of Chinese medicine in the last 20 years. Concentrating mainly on English language secondary sources, it charts shifting aspirations for social history of medicine in China, the impact of anthropology and the tensions between local and large-scale histories. On the one hand, there is a focus on cultural difference, and the articulation of unique styles of perception, where practitioner historians are seen to have an advantage. On the other, historians of China are shown to be facing the challenge of writing in a global context. The paper acknowledges the importance of the transmission of knowledge and practice across social, cultural and geographical boundaries as well as through time.

Keywords: history of Chinese medicine; state of the field

In this article, I update the map of the history of Chinese medicine for the last 20 years. Given the majority readership of this journal, I begin mainly with the historians writing in the English language, with heartfelt apologies to the majority world. My task, as I see it, is not just to account for the shifting boundaries of the subject, but to give an intimate interpretation of it – whether that be in a close personal account of experiences in the field, in new self-reflective accounts written by practitioners or by those articulating the most intimate sensory experiences of life in pre-modern China. Simultaneously, and almost paradoxically, I address the new demand for writing in a global perspective, acknowledging the importance of the transmission of knowledge and practice across social, cultural and geographical boundaries as well as through time.

During the last 20 years, new primary resources and changing methodological priorities have challenged historians of the healing arts of China with many problems of definition and approach, and highlighted the need to break out of artificial constraints around the subject. Social historians of medicine, by questioning the appropriate domain of medicine and the authoritative voice of the doctor, have prepared the way for new approaches to the rise and reach of a modern ‘scientific’ medicine in Asia and, latterly, the pre-modern

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Advance Access published 28 May 2009
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history of indigenous medicines and household remedies in China. The latter are the main focus of the article.

Discovering New Sources

Large quantities of silk and bamboo manuscripts discovered along the Yangzi River in the early 1980s have revolutionised the history of early Chinese medicine. For example, the high proportion of texts about the body excavated at Mawangdui 马王堆 tomb 3 and Zhangjiashan 张家山 tomb 247 demonstrates that the healing arts were at the heart of scholarly attention at the dawn of the empire.¹ Medical manuscripts tend to tell very different stories from canonical works preserved in print. They are easier to situate socially and culturally and reveal more diverse forms of healing. Their physical grouping provides an indication of the contemporary classification of knowledge of the healing arts. For instance, the Mawangdui manuscripts recording the earliest extant theories of physiology were buried together with treatises on exercise, on breathing and sexual techniques, on herbs, on skin-deep surgery and on seemingly magical procedures.

Recent research into the kind of literature categorised together with remedy collections and standard works on medicine has begun to build a deeper and richer view of the healing arts and medical innovation in Chinese society.² It has brought into focus the intricately linked worlds of diviner and physician and their shared iatromantic culture of numerological calculation, astrology and exorcism.³ Close studies of the material objects, the manuscript themselves, their physical context, literary form, the structure of the text they contain, even punctuation, also reveal a great deal about the circumstances of production and application—much, therefore, about medical practice and teaching.⁴ They were also highly valued prestige items.

The new finds also call into question the traditional dating of the classical compilation Huangdi neijing to the Warring States period (475–221 BCE), so that ‘the burden of proof now falls to those who insist that . . . any significant part of the [it] was set down before the mid-first century BC’.⁵ An excellent annotated English translation of the entire collection of manuscripts concerned with the healing arts from the Mawangdui is in Donald Harper’s Early Chinese Medical Literature. He gives a comprehensive introduction to the world of medical persons, ideas and practices in the few centuries before and after the first empire (221 BC), when the knowledge and techniques at the foundation of acupuncture, moxibustion and Chinese pharmacology were first set out, framing it within the history of everyday religious practice.⁶

¹Nanjun, present-day Hubei; closed in 186 BCE. Seven of the 30 or so manuscripts buried in Mawangdui M 3 are devoted to the healing arts. The tomb was in Changsha guo, present-day Hunan; closed in 168 BCE. There are 36 titles listed in the abbreviated catalogue of the imperial library Han shu [Book of the Han] (HS 30.1776–80) under fang ji ‘Remedies and Techniques’, the contemporary classification that includes medical writing among many other practices.
²Strickmann 2002; Sakade 2001.
³Harper in Hsu (ed.) 2001; Raphals 2005; Lo 2001a; Li 2000; Harper in Lo and Cullen (eds) 2005, pp. 134–64; Li Ling 2000.
⁴Qiu 1992, p. 251; Totelin 2006.
⁵Sivin in Loewe (ed.) 1993, p. 200.
⁶Harper 1998, pp. 55–67. See also Poo 1998.
second, early third century) witnessed multiple transformations in medical practice, with less prestige attaching to itinerant practitioners and more to elite families of scholar physicians, whose names were associated with books that had an enduring influence.\(^7\) No longer was medical knowledge only passed down from master to disciple and sealed by the ritual conferral of bamboo and silk manuscripts in semi-closed medical lineages. Late Han soteriological movements entailed ritual transmission from religious leaders (not medical men), their medicine adding redemption for all ills through confession, acts of restitution and charity.\(^8\) By the late third century, large-scale collections of the manuscripts were compiled and would ultimately be transmitted in printed form. Printing culture, in large part developed from the late fifth century within a Buddhist context, was ultimately decisive in the decline of manuscripts as the primary conduit for the transmission of scholarly medical knowledge.\(^9\)

### Exploring New Methods

Increasingly, historians of China, searching for culturally appropriate means to understand their subjects, contest the hegemony of singular research paradigms, and the constraints of Christian, Marxist or colonial models of time and interpretation. Many, rejecting a pursuit of facts and progress developed in the natural sciences, look to Chinese farmers, bureaucrats and philosophers for alternative ways of dividing up time, which cut across successive generations, even incarnations.\(^10\) Historians of Chinese medicine have also learnt from the insights of practitioners and anthropologists whose methods are particularly germane when researching a medicine that claims to be a ‘living’ tradition.\(^11\) The fusion of approaches necessary to define continuities and fissures between practice past and present has also served to highlight obvious differences in styles of perception across time and cultures.

The transitions between social and cultural history, the linguistic bias of the latter, and its emphasis on understanding local conditions of practice and the complex of underlying systems and traditions have proved auspicious for rich developments in the field.\(^12\)

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\(^7\) Lo and Li in Nylan and Loewe (eds) (forthcoming).

\(^8\) Lin 2000.

\(^9\) Barrett 2008.

\(^10\) Bonnel and Hunt (eds) 1999, p. 4; Despeux in Hsu (ed.) 2001; Sabban 1996, pp. 161–96; Song and Li Zhenhong 1993.

\(^11\) I use the term ‘tradition’ in full awareness of the difficulties of definition. Here, however, I exclude the possibility of ‘authentic’ or ‘invented’ traditions except in prejudice and imagination. I refer to the accumulated literature on Qi techniques and associated practices, the ideal of their transmission, the certainty of interpretation and the inevitability of change whether considered innovation or decay. For discussions of tradition, see Hobsbawm in Hobsbawm and Ranger (eds) 1983, ‘Introduction’, pp. 1–14 and Scheid 2007, pp. 5–11. Interdisciplinary conversations occur personally, in text, conferences and, increasingly, online. The most lively of the online debates is Chimed moderated by T. J. Hinrichs: http://www.albion.edu/history/chimed/ (Last accessed 13 March 2009).

\(^12\) Sewell in Bonnell and Hunt (eds) 1999, pp. 46–7; Kleinman 1980. For examples of competing forms of health care in Ming novels, see Cullen 1993. For military medicine, see Xie in Lo and Cullen (eds) 2005. For records of medicine in government administration, see Hinrichs 2003, Goldschmit 2005, Hymes 1987. For religion and medicine, see Lin 1999. For a history of the modern standard medicine as contested in China, see Minehan (forthcoming). For thinking in cases, see Furth, Zeitlin and Hsiung (eds) 2007; Grant 2003.
the most basic of assumptions under interrogation, beginning with the geographic and cultural boundaries of ‘China’ and her medicines, comes the necessity for interdisciplinary efforts and projects. This entails developing the specialist philological, archaeological and anthropological skills necessary to handle primary sources, and the linguistic skills to appreciate the secondary literature, much of the best being in Japanese.

A counter-culture to the big picture of global histories of medicine has brought new and exciting possibilities for understanding the healing arts through ordinary experiences of everyday life. Here the elusive ‘objectivity’ that von Ranke imagined when using documentary archives to write his overwhelmingly political histories has to give way to a synthetic approach. To arrive at a rich description requires that we situate documents in their social and cultural contexts but also that we give an intimate account of the experiences that they convey based on careful linguistic analysis. It is easy to agree with Braudel that ‘the only error would be to choose one history to the exclusion of another . . . history is the total of all possible histories’ and our greatest problem is to weave them into a coherent story. But where then do we begin and end? In a recent paper, Cooter finds each of these terms and concepts problematic, asserting that none of them can any longer claim transcendence.

A ‘field’ was always rather a flat thing when used to describe the history of Chinese medicine—and too abstract. T. J. Hinrichs pointed out a decade ago, in ‘New Geographies of Chinese Medicine’, that Chinese maps, or ‘charts’, are inclined to fill in social spaces—temples, villages and schools—in relief. In the meantime, it has become necessary to add another dimension to the map—that of the first person, so that one can be self-reflective about those elements that shape the fictive quality of our narratives. Everything we write is inevitably conditioned by the interests of the funding agencies, editors and academic cultures that play their part in disciplining the ‘field’—and no less by our own personal history and culture, as we pick out and differentiate our topics from what is otherwise, inevitably, a confusing mass of primary source material.

Working with Grand Designs
The 20 or so years covered in this article frame major changes in the field. Between 1985 and 1987, one saw the start of an ongoing revolution in European and American perceptions of what mattered in the history of Chinese medicine. Lu Gwei-djen had set the scale for ensuing projects with their 1980 study of the history of acupuncture, *Celestial Lancets*, the medical aspect of their focus on the ‘astonishing riches of practical invention’ that emanated from what we can identify as the ‘Chinese geographical’ or perhaps ‘cultural’

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13In his much quoted formulation, ‘[B]los zeigen, wie es eigentlich gewesen ist’ (‘just show how it actually happened’), von Ranke 1885, ‘Vorrede’ (Introduction), p. 7.
14Braudel 1982, p. 34.
15Cooter in Huisman and Warner (eds) 2004.
16Hinrichs 1998, p. 287.
17At one time, what anthropology offered to history was ‘to remain sensitive to non-variable factors and symbolisms’. Yet, post-Bourdieu, and the anthropology of discourses and practices as they apply to the body, precisely the opposite seems to be true. Loux in Porter and Wear (eds) 1987, pp. 82–3. See also Farquhar 2002, pp. 3–10 and Halttunen in Bonnell and Hunt (eds) 1999, p. 166.
Apart from timing, what then linked the diverse approaches adopted five years later by Paul U. Unschuld, Nathan Sivin and Arthur Kleinman was that each, in its own way, had grand designs.19

Gathering an international team of collaborators to realise the monumental *Science and Civilisation in China* series, Lu and Needham framed what has come to be called The Needham Question:

why were Chinese brilliant at invention but not abstract thinking? Why did they not have anything equivalent to the enlightenment to a scientific or industrial revolution? Or why in the eighteenth century did Europe pull ahead in mathematically based modern science?20

Along with Angus Graham, historian of philosophy, they believed in the sustained flowering of ‘empirical’ activity during an ‘axial age’ in Chinese history, a scientific and intellectual spirit that was ultimately stifled after the Tang period by a society obsessed with abstract astrological calculations.21 Their commitment to a history ‘embedded in the fullest possible social and intellectual context and delivered with a deep empathy for both cultures, Chinese and European’, produced a massive tome of people and places that remains the essential starting point for every new project in the history of Chinese science. Yet Lu and Needham had little enthusiasm for reading classical and canonical medical sources as a key to the many dimensions of more popular (‘common’) or religious practice for its own sake. Ironically, it is just these ‘abstract astrological calculations’ of early Chinese culture that are one of the biggest growth areas in research into the history of medicine. They therefore ignored the broader culture of divinatory and magical techniques, the core of medical theory, in favour of selecting out those elements that demonstrate how scientific Chinese knowledge equalled and in many respects developed in advance of western equivalents. Ethnic knowledge would ultimately offer up its treasures to the common universal pool of knowledge, ‘like all other ethnic cultural rivers, … flow into the sea of modern science’.22 The convergence of their world-view as scientists (a pharmacologist and chemical embryologist respectively) and as a Christian in the case of Needham and socialists, emerges in their work as a faith in progress. Their motto, at once religious, political, social and scientific finds its roots in a quotation derived from *Liji* 禮記, the classic *Book of Rites, All under Heaven shall be One Community 天下大同.23

In this context, the Needham Question is self-affirming, not of Eastern cultural superiority, but of the superiority of a post-enlightenment science to which all peoples equally can contribute and aspire.24 Nevertheless, many of Needham’s demonstrations about the

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18 Elvin in Needham et al. 2004, pp. xxv–v; Lu and Needham 2002. See my introduction to the reprint, ‘Survey of Research into the History and Rationale of Acupuncture and Moxibustion since 1980’ in Lu and Needham 2002, pp. xxv–li.
19 Unschuld 1985; Kleinman 1986; Sivin 1987.
20Hanson 2007b, pp. 337–64.
21Graham 1989, pp. 314–82.
22http://www.nri.org.uk/joseph.html (Last accessed 13 March 2009).
23*Suishu*: Zhi 15.
24The Needham Question retains contemporary resonance. At least, Melvyn Bragg found it important and topical enough for his programme ‘In Our Time’ on prime-time BBC Radio 4 in 2006. Christopher Cullen,
Chinese origins of magnetic compass and gunpowder weapons, lock gates, wheelbarrows and a host of other innovations (not to speak of the French Revolution and the British civil service) remain within the ‘half occluded universe of East Asian specialists’. Historians of medicine continue to write eurocentric histories without even apologising for lacking the breadth of scholarship to encompass other places and people. While much of the Needham Question retains contemporary resonance, it is inevitable that some of Lu and Needham’s methodology and findings have themselves become the object of study and criticism. As Fairbank once wrote ‘How can mankind move upward except by standing on the shoulders and faces of the older generation?’ But they themselves would have been the first to promote and appreciate the role of their histories as a springboard for the next generation of research, regardless of how it might challenge their own findings.

Most of the early historians of Chinese medicine were trained both in the natural sciences and in history and sinology. It took an interdisciplinary scholar trained in pharmacy, history, sinology and public health, and whose earliest work was in observing the social organisation of medicine in Taiwan, to begin to demonstrate how the transformation of medical ideas always reflects prevailing social and political structures. Apart from his life-long commitment to the translation and analysis of received medical texts in the classical tradition, Paul U. Unschuld led the way out of the (not so narrow) confines of scholarly medicine with a lively treatment of demonological and religious healing at different times in Chinese society. The early 1980s was also a time when evolving discourses between anthropology, social sciences and medicine produced a series of outstanding studies by Arthur Kleinman and colleagues that picked up on Foucault’s lead in examining state manipulation of categories of mental illness. Conversely, their study of mental illness and its association with ‘political incorrectness’ in Cultural Revolution China highlighted patient manipulation of the category of ‘neurasthenia’—a somatic expression of suffering particularly germane to the Chinese cultural context where discomforting emotion remains an embodied experience.

Sivin’s early training in chemistry clearly nurtured his interest in alchemical practice and from there, given the catholic interests of scholar physicians such as Sun Simiao 孫思邈 (581–682 CE), he could hardly help but end up writing about alchemy in its relation to Daoism and medicine. His best known medical work, which ostensibly introduced

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25Elvin in Needham et al. 2004, p. xxv. And this despite the fact that gunpowder was discovered while subduing potassium nitrate in the search for the elixir of life. Printing and the magnetic compass are histories that have become part of a universal cultural heritage.
26Bray 1996.
27Fairbank, as quoted in Cohen 1986, p. xii.
28Sivin 1988, p. 42.
29Unschuld 1986.
30See also the important work of Lin Fu-shih on healing in a religious context; Lin Fu-shih 1999, 2000, Unschuld 2003 and Tessenow and Unschuld 2008.
31Foucault 1980.
32Kleinman 1980, 1986, p. 112; Kleinman et al. in Kleinman et al. (eds) 1997.
33Sivin 1968. See also Pregadio 2006, pp. 123–39.
and translated a modern textbook, modelled the kind of depth, rigour and reflection with which we would have to work in order to trace links between ancient and modern practice. From the turn of the last millennium, those scholars with grand designs began to turn their attention to comparative history. The result of a decade of interdisciplinary collaboration, for example, Lloyd and Sivin’s *The Way and the Word* is a considered response to the problems of whether we can compare medicine, science and philosophy in ancient Greece and China in any meaningful way. Clearly there is some coincidence of extant evidence that testifies to the formation of classical medical thought in both cultural centres between 400 BCE and 200 CE that ended with the intellectual rooting of a foreign religion—Christianity and Buddhism. But can we really establish commensurate social and intellectual categories upon which to build this kind of study? Their response was to set out the ‘cultural manifold’ for each point of comparison within which to explain the construction of knowledge through an analysis of rhetorical style, and social and political process. Selecting for particular attention the science of numbers, astronomy and medicine, they juxtapose really accessible accounts of the respective social and intellectual frameworks and institutions and conclude with some important observations about difference in these domains. In contrast to the obvious adversarial origins of medicine apparent in the rhetoric of Greco-Roman medical literature, for example, we are told that Chinese correlative thought mirrored a more consensual process fundamental to the imperial bureaucracy.

**History of Chinese Medicine in Asia**

While during the 1980s there were exciting new primary sources available to the medical historian in mainland China, the birth of social history was stuck in the early stages of labour, class struggle even. Indigenous medicine, which during the revolutionary period had proved local, cheap and patriotic, was proclaimed by Mao as living evidence of China’s cultural genius in the 1950s. Moreover, with reports of acupuncture anaesthesia for surgery to the brain surrounding Nixon’s visit in 1972, it was great propaganda. History was perceived as a contribution to the larger mission of medicine and the associations for the history of medicine remain, to this day, closely affiliated to the Chinese Medical Association. As new standards of modernity shaped Traditional Chinese Medicine (TCM), with mass produced medicines, hospital settings, in journals, academies and their standardised teaching and textbooks, a major concern of research became the integration of Chinese and western medicine, particularly in relation to clinical application. The discovery of new applications for old drugs refined from the Chinese *materia medica* such as *febrifugine* and *changshan*, inevitably invited global attention and approval, not to speak of investment. The sheer scale of the resulting TCM institutions and their

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34Sivin 1988.
35Sivin 2005. For other approaches to comparative medical history, see Kuriyama 1999.
36Lloyd and Sivin 2002, pp.16–81, 239–51.
37For German and US parallels, see Nutton in Huisman and Warner (eds) 2004, p. 116; Fee and Brown in Huisman and Warner (eds) 2004, pp. 139–41.
38Taylor 2005; Scheid 2002.
39Wellcome Trust, ‘Refugees, Drug-Resistance and Guerrilla Attacks: Twenty Years in the Fight against Malaria’: http://malaria.wellcome.ac.uk/doc_WTX035332.html (Last accessed 13 March 2009); Marshall 2000; Butler and Moffett 2005.
history departments demands attention. Some 20 Academies of Traditional Chinese Medicine have become the institutional home of the largest history of medicine community in the world with some 50 full-time permanent researchers in history of medicine at the Academy of Research into Chinese Medicine in Beijing alone.40

The new investment in history, concurrent with the foundation of the academies, was concerned with shaping and legitimising the newly emergent professional status of traditional medical practitioners. A brief glance through professional journals will reveal that demonstrating antiquity, and the sense of a glorious, unbroken intellectual tradition and clinical expertise dating to the legendary Yellow Emperor, remains an important way of establishing credibility—especially as a reaction to the global interest in preserving authentic, local traditions. Ironically, it has been the ability of the state, practitioners and patients, to reinterpret tradition that has strengthened Chinese medicine. To survive, Asian medical systems and traditions must be intrinsically dynamic and evolve together with their cultures and societies.

Reading beyond the prefatory rhetoric that eulogised the long history of accumulated medical wisdom derived from the hard labour of the toiling masses, the Chinese academies produced many editions of core classical medical texts. Much essential philological work, transcribing and annotating the newly excavated and retrieved medical manuscripts, is also carried out in the history departments of the Beijing Academy under the direction of Professor Ma Jixing 馬繼興.41 Excellent work on these texts has also come from the Research Institute for Humanistic Studies in Kyoto where Yamada Keiji 山田慶兒 sponsored a broad based approach to the history of medicine through the 1980s and 1990s.42

The natural home for the development of Chinese social histories of medicine in the late 1980s was at Academia Sinica in Taibei. Jender Lee’s review of 20 years of Taiwanese research, ‘The Past as a Foreign Country’, contrasts the kind of ‘interested’ history written by medical practitioners with those that seek to go beyond ‘internalist’ narratives, but whose multiplicity of approaches defy easy categorisation.43 By now, accounts of the rise of ‘western’ medicine in China are well represented in the social and cultural history and anthropology of China.44 Alternative perspectives, largely in China, Japan and Taiwan, on the relevance and reach of colonial medicine, patients’ views, on anatomy and dissection, gender and sexuality have been much inspired by those Chinese scholars who have been able to travel and bridged the rigorous history and philology of their home institutions with American and European methodologies in the history and anthropology of medicine. In their work there is a growing appreciation of the fragility of our notions of disease, of the impermanence and imperfection of modern nosologies as a framework for understanding history.45 Topics such as the history of madness, leprosy, smallpox, and of contagion in China become embedded in

40 Zhu 2003 notes 500 history of medicine articles published in the last five years. For a summary of earlier research, see Sivin 1988.
41 Ma 1992; Ma et al. (eds) 1998. His most prolific collaborators are Zheng Jingsheng and Wang Shumin.
42 Yamada (ed.) 1985.
43 Lee 2004; Tu 1997. The quotation opens L. P. Hartley 1953, The Go-Between, London: Hamish Hamilton.
44 Lei 2002; Taylor 2005.
45 Tu 1995, 1997; Hsiung 1995; Leung 2006; Chang 1996; Li 2004. See also Lee 1996.
a synchronic world-view with appropriate linguistic analysis, and perspectives such as sufferers’ views and the health of women and children.46

Following the lead of European and US feminist studies, a great deal of the most innovative research into Chinese medicine in the last 20 years has explored representations of women—the emergence of a gendered physiology in sexual culture literature and the formal development of gynaecology.47 A new focus on patient demand and community approaches challenges the reach and influence of ancient classical medical orthodoxy and the institutions of modern medicine. A focus on material culture, on the architecture of domestic space, the household loom and on reproduction strategies opens up a fresh vision of female empowerment through home-based technologies in what is otherwise a relentlessly male narrative.48 New research into Daoist alchemical techniques for women have complemented existing studies on alternative life-styles to the secular cycles of marriage and childbirth.49 And work on the translation of women’s recipes and remedies holds much promise for future analysis of what happened at home and in the kitchen, a subject I will return to below.50

Progressive Chinese researchers, whether Marxist or not, mainland or Taiwanese, have ‘depended heavily on vocabulary, concepts, and analytical frameworks borrowed from the West . . . thus the challenge for historians of Chinese medicine is not the impossible one of eliminating all ethnocentric distortion; it is the possible one of reducing such distortion to a minimum’.51 Running uncomfortably through many of the early, ground-breaking European and US studies, for example, were rather fixed divisions between mind, body and society, often privileging categories such as the ‘psychological’ and labels such as ‘psychosomatic’, healers either ‘scholarly’ or ‘folk’, ‘religious’ or ‘secular’, identities cast in opposition, colonials and colonised. At this juncture it has already seemed artificial and difficult to contrast Asian and English language scholarship, despite the deeper background of different research traditions. Many of the scholars are mixed race, bilingual, or migrants who work in international projects and collaborations. New international societies and journals have sprung up dedicated to bringing together Asian, European and US research.52 And while interdisciplinary and international collaborations inevitably muddy the water, they also provide a fertile environment for new initiatives.

Crossing the Boundaries

It has become impossible to organise grand projects with pretensions to world medical history. Recent research positioned across and in relation to different geographic and cultural regions rightfully questions a type of history and anthropology that concerns itself

46See, for example, Chen 2003.
47Furth 1999; Lee 1996; Wilms 2002; Wu 2000.
48Bray 1997. See also Despeux and Kohn 2003, pp. 61–98; Cass 1986.
49Despeux 1990; Valussi 2008; Despeux and Kohn 2003, pp. 177–243.
50Wilms 2002.
51Cohen 1986, p. 1.
52IASTAM: www.iastam.org Asian Medicine: Tradition and Modernity http://www.brill.nl/ m_catalogue_sub6_id22461.htm; JSHM: www.flc.kyushu-u.ac.jp/~michel/jsmh/awards_outline.html (Last accessed 13 March 2009)
only with ‘civilisations’ and ‘cultures’ that are discrete and separate from each other.\(^{53}\) Acknowledging boundaries that are rather loosely integrated, contested and constantly subject to change, they explore the exchange of medical knowledge beyond the immediate reach of China’s imperial authority and therefore of the centrifugal force of its cultural elite.\(^{54}\)

Digging beneath the surface of any medical tradition tends to reveal many strata of knowledge reflecting the passage of methods, techniques and technologies. At least from the end of the Han dynasty, and probably long before—although evidence becomes scanty—the history of the healing arts in China has to be connected eastwards to the lands that are modern Korea, and in medieval times to Japan; west and southwards to India, Tibet, Mongolia and all the lands and peoples that straddle the land routes from the old capitals to Persia and beyond.\(^{55}\) The medieval texts discovered at the Dunhuang cave shrines in the far north-east of China provide us with a wealth of material to explore the tensions between centre and peripheries. Not only does modern research into these archives, mostly held at the British Museum and Bibliothèque Nationale de France, testify to the surprising penetration throughout Chinese society of officially sanctioned texts produced at the capital, it also uncovers a range of local medical literature and exotic influences hitherto unknown.\(^{56}\) Scraping away at the different layers, we can uncover a multiplicity of practices moving in and out of the ever-changing boundaries of China, as well as apparently fixed techniques appropriated and reinvented in different cultural contexts.

At the other end of one of the Silk Roads, the court of Rashid al-Din (1274–1318), was a melting-pot for scholars from China, India, Kashmir and Tibet to Arabia and Europe. This court physician and powerful minister during the Mongol Ilkhanid rule sponsored translations and collated and edited their knowledge and books into a massive collection that is just now being studied for the nature of its cross-cultural transmissions.\(^{57}\) However, ultimately, one has to question the degree of influence the translation of scholarly works might have had on medical practice in the host countries. Charting the growth of an early modern global economy that stretched from the Dutch Republic to China and Japan, Hal Cook observes that matters of fact and objects, such as material substances, or techniques, travelled more easily and with fewer barriers of interpretation than the exchanges of ‘high culture’.\(^{58}\)

A textual entry into more concrete lines of transmission might be through the analysis and translation of recipe and remedy books.\(^{59}\) Having to translate practical details presents the translator with some of the challenges of substance identification and interpretation of techniques that the merchants and end-users must have faced. Through the

\(^{53}\) Lloyd 1990.

\(^{54}\) Sewell in Bonnell and Hunt (eds) 1999, pp. 53–4; Zhu 2003. See Tlalim and Akasoy 2007 for the transmission of Musk. Hanson 2007b.

\(^{55}\) Chen Ming 2005; Liao 2001; Zhen and Cai 2004.

\(^{56}\) Lo and Cullen (eds) 2005. Detailed studies of the manuscripts edited by Catherine Despeux at INALCO in Paris will shortly be available.

\(^{57}\) Klein-Franke and Zhu 1998, pp. 427–45.

\(^{58}\) Cook 2007.

\(^{59}\) Zheng 2003, 2005.
sensual medium of the range of spices and ingredients, cooking technology and dietary philosophy, the Mongolian presence emerged as a vehicle for effective cultural assimilation and dissemination throughout Asia during the thirteenth and fourteenth centuries.\(^{60}\)

Proper and Essential Things for the Emperor’s Food and Drink, a Chinese dietary of the Mongol era, interprets and often sinicises technical and dietary knowledge from the Arabic and Muslim sphere. Huihui yaofang (Muslim pharmaceutical prescriptions) also contains many authentic Arabic recipes available in the Chinese language with Arabic and Persian terms noted after the Chinese drug names.\(^{61}\) It is therefore an invaluable testimony of the diverse ethnic, religious and commercial exchanges that constituted Chinese medical culture during and after the rule of the Mongol emperors.

Global histories of medicine, with their modern focus on public health, web-based knowledge, and rapid world-wide transmissions and transformations of health practice, threaten to buck the trend towards looking at ‘small time’, and the construction and production of knowledge as local phenomena.\(^{62}\) Given their concentration on connections, they inevitably challenge research focused on bounded sets of beliefs and practices. But even with a cautious framing of potential contexts for identifying social and cultural continuity and change over time, the number of researchers necessary to identify and explicate crucial details through more than two millennia of imperial Chinese culture, let alone to chart geographical links with peripheral cultures, carries with it a risk of over-essentialising the various points of comparison.\(^{63}\) In any culturally complex society, what or whose medical culture would you chose to compare?

**Sensing the Past**

Looking into medical history, looking at representations of the body in illustration, is one of the easiest ways to recognise difference between medical cultures past and present, between one place or one genre and another.\(^{64}\) Perhaps because of her innovative printing culture, from the Ming period onwards, China’s books offer an extraordinary repository of illustration, many medical.\(^{65}\) Once printed, the illustrations have the potential for a greater stability than text when it comes to maintaining their integrity from one production to another. They can therefore cross geographic and cultural boundaries without being disturbed. How they are read and received is, of course, less stable. New work on the performative use of Chinese medical images, on the text-independent life of images, and on the aesthetics of Chinese medical illustration is increasing our

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60Buell and Anderson 2000.
61Buell 2007, pp. 283–91.
62By ‘small time’ histories, I refer to those accounts that situate their subject in the time-frame specific to the lives of the actors in question.
63Multiple concepts of historical time come to bear upon any single subject of analysis. According to Braudel, ‘slow change’ in a particular place should be read against units of time of a century or over and a background of geographical and linguistic constraints, of continuities forced by the availability of resources, trade routes, economic and religious structures. See Braudel 1969.
64Kuriyama 1999, p. 8.
65A joint Wellcome/Beijing Academy of Chinese Medicine has resulted in 1,200 Chinese medical illustrations being fully catalogued and available online. Search Wellcome Images on ‘Zhongguo’ http://images.wellcome.ac.uk (last accessed 13 March 2009); Wang and Lo (eds) 2007. See also Jay 1993 for a sweeping history of visuality in Europe. See pp. 66–8 on the impact of printing.
understanding of this genre. Yet, where Chinese medical literature really excels is in representing the sensory perception of the inner body. Rather than mapping the body’s functionality, many early Chinese textual and visual sources that describe the medical body portray and convey aesthetic knowledge of ‘things perceptible to the senses’. The social historian’s interest in human experience has led to an increasing interest in techniques that go beyond the assumption that ‘the past is best seen rather than, say, heard or smelled’. By seeking culturally-situated perceptive styles, the new approaches finally hold within themselves the possibility of writing histories framed by the sensibilities of the subjects they describe. Where medical treatises from the ancient worlds seem to lack a collective name for the senses, they are often enumerated. In the pursuit of longevity, for example, the condition known as shenming ‘spirit illumination’, enumerates a very sensual condition as the aim of sexual practice described as a unrestricted flow of the finest Qi, where the spirit is consciousness thoroughly grounded in a radiant bodily strength, a clarity of hearing, vision and physical resourcefulness. As China’s healing arts documented aesthetic experience of how it felt inside to be well and strong, of experiences of pain, passion and pleasure, of digestive disorders or of shortness of breath, it began to medicalise the sensory world. And it is in the language and theories which this culture of animating the inner body generated, that we find a core innovation in early Chinese healing arts—one that survives to confound simple articulations of difference between mind, emotion and body. The semantic circuits invoked by Qi unite just these changing states of the inner sensory world. They echo the aesthetics of an ancient time when the boundaries between these experiences were less distinct. Historicising human perception, Shigehisa Kuriyama contrasts the different sensual modalities through which Chinese and European perceptions of the body formed, emphasising different styles of seeing. He argues that complexion diagnosis, the art of seeing disharmony in the aura of the face was rooted in botanical metaphors long established in the language and culture of early China. The complexion, like the blossom of a flower, was the visible expression of strength or weakness. Moving away from the hegemony of the eye, towards an inner vision, through contrasting haptic, touch-orientated knowledge in the science of the pulse, Kuriyama emphasises how the most immediate experience of the body is constantly

66Wang and Lo (eds) 2007.
67As in Immanuel Kant 1790: ‘the science that treats of the conditions of sensuous perception’, rather than Baumgarten who in the mid-eighteenth century applied it to the ‘criticism of taste’. Compact Edition of the Oxford English Dictionary, p. 37. The OED entry refers to Kant 1790, see translation by Bernard 1892, Part 1, sections 1–5 and 39. Lo in Bray et al. (eds) 2007. 73.
68Smith 2003, p. 166. Pre-eminently Corbin 1986; Farquhar 2002.
69Jütte 2005, pp. 25–31.
70Lo 2000; Lo in Hsu (ed.) 2001b.
71Ots in Csodas (ed.) 1994. Significantly, it is the faculty of sight that is least competent at perceiving any form of internal Qi and is limited to recognising it in early China as clouds, steam or the dust and threat of, for instance, a distant army. Most books on the senses ignore the undifferentiated sea of sensation within the body. See Linn in Howes (ed.) 2005 for a study of the ‘panopoly of inner states’, described as seselelame in West Africa.
72Jütte 2005, pp. 25–31.
subject to a relationship with theoretical preconceptions of Chinese vessels or Greek anatomy distinctive of a particular culture.73

Historians using the new sensory approaches to recover the past are forced to scrutinise some fundamental methodological issues.74 For, ‘the passage from our own feelings and ideas to feelings and ideas for which similar, or even the same, words have been used for centuries, and [their] apparent and deceptive similarities have given rise to serious misconceptions’.75 Different people sense, hear, feel, taste or see the same stimulus differently, so at best we can assume that what we share of the perceptual apparatus of those we study is partial. Yet at the same time, every act of translation, of rendering the past, involves an assumption of familiarity upon which we base our interpretations. And thus the sensory turn increases intimacy. Roel Sterckx, examining representations of the sage ruler, for example, finds a ‘perspicacious’ individual that comprehends the deep structures of the universe through a heightened acuity of the senses. Sensory perception, he argues, ‘was valued as a genuine part of moral reasoning in ancient China’.76 Thus gluttony is gluttony, but the pursuit of culinary finesse and the perfect flavour is in the highest domain of gentlemanly pursuits, and bodily cultivation is the remedy for excess.

Scholars working on twentieth-century manifestations of bodily cultivation in China often point to how people and groups use the body as a site of resistance against the state.77 Certainly one can see expressions of self-determination and personal and political autonomy in forms of inner body Qi-cultivation and related medico-religious ritual. These have been part of the training of hermits and political refusers in pre-imperial times through to the earliest revolutionary armies, right down to the apparently passive demonstrations of the Falun Gong 傳法, a group identified by their meditational practices that are causing extreme anxiety to the Chinese authorities today.78 On the other hand, bodily cultivation in China can also be profoundly conservative and conforming. ‘Studies of culture need to pay at least as much attention to sites of concentrated cultural practice as to the dispersed sites of resistance.’79 It is often part of the culture of artistic and creative expression adopted by those who have spent a life-time in office and ultimately retire to the mountains to live out their days in peaceful leisure. Today, those sword-wielding gangs of post-menopausal women taking their exercise in Chinese city parks hardly represent a threat to the status quo.

It is not surprising that some of the most vibrant work on the history of Chinese healing arts comes from social and cultural anthropologists who seek intimacy with their subjects.80 Volker Scheid, a scholar practitioner, linguist, anthropologist and historian

73Kuriyama 1999, pp. 17–108.
74Smith 2003, p. 171.
75Lebvre, as quoted in Jütte 2005, p. 11.
76Sterckx (ed.) 2003, p. 72.
77Recent interest in Qi practices in the history of Chinese medicine have resulted in many American PhDs that focus on yang sheng, literally ‘nourishing life’. See, for example, Brindley 2002; Liu 2001; Yao 2004.
78Chen N. in Classen (ed.) 2005.
79Sewell in Bonnell and Hunt (eds) 1999, p. 56.
80I refer in particular to those who have spent prolonged periods of time studying or working with their subjects, such as Farquhar 2002, Hsu 1999 and Scheid 2007.
writing of his shift in attention from one book to the next, from the small time of clinical encounter or periods of rapid social and cultural transformation to slower processes of change over longer trajectories, contrasts his work on currents of Chinese tradition to those writers in the French *Annales* tradition:

> Where writers like Lucien Favre and Robert Mandrou wanted to discover the inertia of tradition as embodied in enduring social customs and mores, my own interest is that of exploring its dynamic, intrinsic tension, and plurality.  

Jaded stereotypes of practitioners motivated by commerce and career, and seeking continuity in practice, or academics in their ivory towers, were fashioned at a time when disciplinary, geographic and ethnic boundaries seemed more fixed. They hardly fit the complex manifestations of medical history research and practice of the twenty-first century. They are even less relevant to the new generation of researchers and practitioners that surround us.

**Conclusion**

As I jump from my desk and twist my limbs into unlikely positions, an essential academic exercise that verifies the accuracy of my translations of *Yin Shu* (陰書), the earliest extant Chinese therapeutic exercise manual (a mortuary text, tomb closed 186 BCE), it is difficult not to reflect on the boundaries of intimacy with the manuscript, its various authors, editors, scribes and, of course, readers and practitioners. Experiences in ethnography and anthropological method teach us that what we might characterise as a western obsession with objectifying what we study is not necessarily a good thing. Intellectual distance can seem like an excuse for patronising our subjects. Fifty years ago, Chen Yinke, teacher of Feng Yulan (馮友蘭), writer of the most widely read primer on the history of Chinese philosophy, celebrated the tendency of Chinese historians to retain intimacy with their past. Whether we concur with him or not, the idea is that we can stop the onward rush of ahistorical time like bottling wine. Capturing shared memories of odours, sounds, sensations, that surface in moments of stillness and recognition, permits recovery of something of the qualities of the past.

Researchers who develop intimacy with their subjects, or indeed are members of the subject-groups observed, obviously have greater potential for rich all-round experience and facilitating closer description of both present and past. They can still the time. Given the robust adaptation of traditional medical health care strategies to everyday life in China today, familiarity is unavoidable, the assumption of a certain continuity with the past pervasive. To the extent that treating the past as a ‘foreign country’ has produced a new curiosity and stimulated enquiry into the changing nature of tradition, it has marked an essential stage in the process of writing the history of the healing arts of China. It has also ensured that the hagiographies and eulogies of the past, the assumption of stasis through time, are not a constitutional affliction of the practitioner-historian,

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81 Scheid 2007, p. 11.
82 Chen Yinke 1992.
83 Seremetakis (ed.) 1994, p. 14.
and it is important to notice a new generation of practitioners producing cutting-edge histories in Europe and mainland China.\(^{84}\)

Given the ratios of trained medical practitioners to patients at any one time in the history of China, it is also evident that throughout history the vast majority of people had little or no access to medicine of any kind, modern or traditional. Last month in the Himalayas, I met a nomad woman at Llama Lhatso who had given birth to her five children with only her husband in attendance. It seems that many people who live under the Chinese government today are in the same position. Thus, if we are to take the concerns of social history for what really happened in health care for the majority of people, it is essential to investigate the everyday practice of ordinary people as they struggle to maintain body and soul. There is a vast quantity of data that does not relate to professional medicine or state intervention through public health care.\(^{85}\)

Much of this is available in household manuals, remedy and recipe books, or survives in oral history and relates to nutritional practices, women’s work and the ‘kitchen’ knowledge and practices of healing.\(^{86}\) If the history of medicine is going to grow up and out of post eighteenth-century definitions of the proper constitution of medicine, from ancient Chinese scholarly medicine to modern oral history, a true history of the healing arts in China must begin at home with home remedies, food, nourishment and self-care. These are not just issues germane to China; they are the logical conclusion of 20 years of changing research cultures in the history of medicine. But are our rustier institutions of the history of medicine ready for lessons learnt in pursuing the ancient, yet very much alive, healing arts of China?

Whether we like it or not, the Needham Question still burns on our lips but, as this article has shown, it now highlights different issues such as the artificial construction of a western or eastern medical tradition and the difficulty in designing large projects when the new research agendas demand both grand narratives as well as historical intimacy. Our future is in the kind of lines we draw between ancient and modern, across disciplinary, geographic and linguistic boundaries and in collaborative projects, in whether we can draw historical ‘connections’ that both illuminate the past for its own sake and yet sustain relevance for the ever-changing and growing interest in medical histories for the global world.

**Acknowledgements**

With thanks to Andrew Wear, Roger Cooter, Judith Farquhar, T. J. Hinrichs, Marta Hanson, Raquel Reyes, Lois Reynolds and, as always, Penelope Barrett.

**Funding**

Funding to pay the Open Access publication charges for this article was provided by the Wellcome Trust.

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\(^{84}\)Scheid 2007; Holroyde-Downing 2005; Liao 2001; Ma 1992; Ma et al. (eds) 1998.

\(^{85}\)Chang in Mei Chia-Ling (ed.) 2006; Wang 2002; Nappi 2006.

\(^{86}\)Lo and Barrett 2005; Sterckx (ed.) 2005; Engelhardt in Hsu (ed.) 2001; Hsiung 1995; Chang 2006.
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