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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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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 tomb 3 and Zhangjiashan 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 classiÞcation 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 applicationÑmuch, therefore, about medical practice and teaching.[4] They were also highly valued prestige items.

The new Þnds also call into question the traditional dating of the classical compilation Huangdi neijingto the Warring States period (475Ð221 BCE), so that Ôthe burden of proof now falls to those who insist that. . . any signiÞcant part of the [it] was set down before the mid-Þrst century BCÕ.[5] An excellent annotated English translation of the entire collection of manuscripts concerned with the healing arts from the Mawangdui is in Donald HarperÕs *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 Þrst empire (221 BC), when the knowledge and techniques at the foundation of acupuncture, moxibustion and Chinese pharmacology were Þrst set out, framing it within the history of everyday religious practice.[6] The late Eastern Han period (late

[1] Nanjun, present-day Hubei; closed in 186 CE. Seven of the 30 or so manuscripts buried in Mawangdui M

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.[13] 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.[14] 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.[15]

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.[16]

area.[18] 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]

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'.[25] Historians of medicine continue to write eurocentric histories without even apologising for lacking the breadth of scholarship to encompass other places and people.[26] 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?'[27] 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.[28] 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.[29] 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.[30] 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.[31] 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.[32]

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.[33] His best known medical work, which ostensibly introduced

http://www.bbc.co.uk/radio4/history/inourtime/inourtime_20061019.shtml ham999043.41(schol9113[(htcouldeexts)0011

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.[34] From the turn of the last millennium, those scholars with grand designs began to turn their

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

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 coas

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

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] 飲善政要 [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 society0-1.33art ge

understanding of this genre.[66] 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'.[67]

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'.[68] 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.[69] In the pursuit of longevity, for example, the condition known as shenming 神明 '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.[70] 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.[71] They echo the aesthetics of an ancient time when the boundaries between these experiences were less distinct.[72] 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

[66] Wang and Lo (eds) 2007.

[67] As 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.

[68] Smith 2003, p. 166. Pre-eminently Corbin 1986; Farquhar 2002.

[69] Jütte 2005, pp. 25–31.

[70] Lo 2000; Lo in Hsu (ed.) 2001b

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'.

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

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