The Making of Modern Chinese Medicine, 1850-1960

BRIDIE ANDREWS

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1 Modernities and Medicines

You wouldn't expect to find Chinese medicine in the home of Dr. Wu Lien-teh 伍連德 (1879-1960). Dr. Wu, born in British Malaya, was one of the first ethnic Chinese to study modern medicine in England. After graduating from Cambridge University, he studied in Britain, France, and Germany with some of the world's leading medical researchers. In 1908, he was hired to be vice-director of the Imperial Army Medical College in Tianjin, a treaty port just eighty miles/one hundred and thirty kilometres from the Chinese capital, Beijing. Two years later, when pneumonic plague broke out in northern Manchuria, he was sent to direct the government's control and eradication effort. (Pneumonic plague is caused by the same bacterium that causes bubonic plague, but it spreads like influenza in droplets exhaled by its victims.) In the aftermath, he organized China's first international research conference then set up the North Manchuria Plague Prevention Service, the Chinese government's first modern public health organization. In 1915, he was instrumental in establishing the Chinese Medical Association, becoming its president in 1916. He was appointed head of the new Central Epidemic Bureau in Beijing in 1919, and in 1930 he became director-general of China's National Quarantine Service. As a man of science, he insisted that his family use only Western medicine. But behind his back, his wife

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persisted in administering Chinese-medical tonics and even treating the children with traditional remedies when they got sick.[1] The irony that China's most celebrated MD was unable to curtail the use of Chinese medicine even in his own home is a salutary reminder that the modernization of medicine in China is a story that interweaves many strands of human and group agency, including gender roles, domestic and regional cultures, battles for influence between newly organized professional elites and the new politicians of post-Imperial China, and international relations. The resulting fabric becomes a kind of magic carpet from which to observe the battles over, and the creation of, Chinese medical modernity.

The elements of modernity are familiar to European and American history: the overthrow of monarchical rule in favour of popular sovereignty; the rise of the nation-state, secularism, and science; industrialization and rapid technological change; the development of a sense of time as progressive and linear; the global spread of capitalism; and the emergence and celebration of the autonomous individual as the unit of society, replacing the extended family, clan, or village. Thus the tendency when Westerners discuss modernity in other parts of the world is to measure the degree to which 'they' resemble 'us.' That was why Ralph Croizier sought to explain 'why twentieth-century intellectuals, committed in so many ways to science and modernity, have insisted on upholding China's pre-scientific medical tradition.'[2] Chinese medicine was, by definition, not modern, so its survival in a modernizing China required explanation.

This idea of a single, normative modernity was widely accepted by elites around the world in the mid-twentieth century but has recently come in for increasing criticism. Many of the markers of modern progress turned out, on examination, to be chimerical. For example, does the increasing influence of Christian fundamentalism in the United States make that country less modern? When scientific communities deny access to scientists with startling new findings, does that make them less scientific? When it turns out that individuals in industrialized societies may still subordinate their interests to those of their extended families, does the modern nation suffer? Sociologist Bruno Latour argues that such events are not really anomalies because modernity is an illusion

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created by translating the messy hybrid relationships or networks between humans and the natural world into the 'modern' institutions of science, law, society, and so on. The maintenance of the illusion of these independent realms, he argues, requires constant vigilance, a work he labels 'purification.' To be modern is to believe in the purified realms as though they function independently of one another. But since none of them can really be independent of the others, 'we have never been modern.'[3]

We might interpret the contrast between Dr. Wu Lien-teh's public persona and the continued use of traditional medicine in his home as an example of such a messy, hybrid, non-modern network. But by the 1940s and 1950s, when Dr. Wu and his wife were disagreeing over how to treat their children, Chinese medicine had already acquired many of the hallmarks of modernity. It was democratic in that anyone could study it in medical school. Its practice was usually secular and professionalized, and Chinese-medical research was increasingly conducted scientifically, with laboratory testing of drugs and with journals publishing the results of clinical observations.

This is more than a matter of terminology. It is fruitful to look at the battles between 'modern' and 'traditional' medicine as part of a larger struggle over sovereignty. One of the strongest arguments for Western-style medicine was that it was essential to the recovery of national sovereignty. Dr. Wu Lien-teh's efforts to control the spread of plague in 1910 were intended to stave off Russian and Japanese military-led sanitary interventions, and his tenure at the National Quarantine Service aimed to demonstrate that the Chinese government could be trusted with the management of its own international trade: the 'unequal treaties' created in the nineteenth century were no longer necessary to protect foreign interests. This struggle to regain national sovereignty was conducted in the international arena. Within China, it was inappropriate as well as unrealistic to expect ordinary people to replace their culture with foreign behavioural norms, yet this is what many of the most outspoken and famous Chinese modernizers – and, after 1928, the Nationalist government – set out to achieve.

The resulting battles over whether the Nationalist state should support modern over Chinese medicine can also be understood as a struggle

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over the limits of state control, this time internally. While many in government wanted to legislate Chinese medicine out of existence on the grounds that it was superstitious, unscientific, and unhygienic – a threat to the health of the nation – they encountered so much opposition that the Nationalists ended up capitulating and supporting the Institute of National Medicine, which was established in 1931. From this we can see that the argument that Western medicine and Chinese medicine represented mutually exclusive practices was harder to make – and impossible to enforce. Instead, the Institute of National Medicine's founders worked to create a modern Chinese medicine, in 1936 winning the right to have licensed Chinese-medical doctors practise legally. The subjects that were to be examined for the licence were strictly secular but did not include acupuncture, an omission to which we return in Chapter 8. Apparently some aspects of earlier native medical practice had been accepted as modern enough to be folded into the new Chinese polity while others had not.

It may seem odd to see this controversy because today, in the West, Chinese medicine is successful in large part because people perceive it as embodying the accumulated wisdom of a five-thousand-year-old culture, able to communicate eternal truths about the body, unlike the seemingly fickle here-today-outdated-tomorrow approach of scientific medicine. It is also seen as a holistic practice that considers the individual patient, unlike the reductionist, over-specialized practice of modern medicine, which considers mainly diseases. As we shall see, these stereotypes, while not entirely incorrect, obscure the immense changes that have occurred in the theory and practice of Chinese medicine in the last hundred years.

The contrast between the rhetoric of Chinese medicine as backward, as seen by Chinese modernizers in the early twentieth century, and Chinese medicine as authentic and holistic, as seen by 'alternative' healers in the contemporary West, also indicates that the term 'culture' is as contested and agonistic as are the terms 'modern' and 'traditional.' As Leach and Englund observe, the concept of discrete cultures is one of the artefacts of the discourse of modernity.[4] Modernizers need to be modernizing something, and that something is often framed in terms of culture. Here, too, a purification process has been at work, attempting

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to identify 'Chinese' and 'Western' when, as we shall see for medicine, both cultures are hopelessly entangled.

In the West today there is understandable confusion about the age and authenticity of Chinese medicine because few people know its recent history, and the supposed longevity of Chinese medicine is an important aspect of its appeal. By contrast, when studying Chinese medicine in China in the 1980s, I noticed that bookstores carried a substantial number of titles devoted to something called 'Combined Chinese and Western medicine' (*Zhong-xi yi jiehe* 中西医结合). This phrase originally referred to People's Republic of China chairman Mao Zedong's 1956 policy requiring doctors of Western medicine to study Chinese medicine, with the explicit goal of creating a new medicine that would combine the best of Chinese and Western medical culture and be a contribution to the world. At the time, this enforced cross-fertilization was also one of the ways in which the Chinese Communist Party under Mao attempted to discipline 'bourgeois' Western-influenced doctors. It was a reversal of the previous policy of requiring doctors of Chinese medicine to study Western medicine in order to promote the scientization (*kexuehua* 科学化) of their practice.[5] I call this phenomenon 'Combined Medicine,' with the capital letters indicating its official status. The most famous example of Combined Medicine is the use of acupuncture analgesia for major internal operations during the Cultural Revolution (1966-76).[6] In its broadest sense the term refers to the use of Chinese therapies by doctors of Western medicine and (more commonly) the use of Western medicine by doctors of Chinese medicine. In 1980, the Chinese Ministry of Health started to refer to the 'three paths' of medical practice in China: Western medicine, Combined Medicine, and Chinese medicine.[7] In recent years, the institutionalization of Combined Medicine has continued, and it is reflected in the establishment of hospitals of Combined Medicine in major cities. A similar development in the West has been the creation of short training programs in acupuncture for doctors with an MD degree.

The fact that both 'Chinese' medicine and 'Western' medicine are important components of the Chinese health care delivery system is partly a matter of national policy. Article 21 of the 1982 Constitution of the People's Republic of China states:

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> The state develops medical and health services, promotes modern medicine and traditional Chinese medicine, encourages and supports the setting up of various medical and health facilities by the rural economic collectives, state enterprises and undertakings and neighborhood organizations, and promotes sanitation activities of a mass character, all to protect the people's health.[8]

Anyone with even a passing knowledge of Chinese medical ideas, such as *yin* and *yang*, the Five Phases (*wuxing* 五行, also translated as Five Elements or Five Agents), or the system of channels (*jingluo* 經絡, meridians) for the movement of vital energy, or *qi* 氣/气, around the body, will realize that the two systems cannot readily be integrated on a theoretical level. At the same time, no one suggests that Western medicine adopt the concepts of Chinese medicine. Thus, Combined Medicine is mostly a way of assuring patients that Chinese medicine is operating within limits determined by the dominant biomedical paradigm. This has clinical consequences: for example, where a practitioner of Chinese medicine might describe an ailment as *xiao ke* (消渴, wasting and thirsting), in combined practice it is necessary to identify the syndrome as diabetes mellitus so that communication is possible. Chinese medicine loses much of its epistemological authority in the process. The same is true of the burgeoning 'integrated health care' practices in the West, where chiropractors, nutritionists, acupuncturists, and other complementary therapists may be employed to work in tandem with biomedical clinicians. The MDs are usually in the front seats.

A hundred and fifty years ago, the situation was very different. At that time it was not necessary to speak of 'Chinese' medicine – medicine in China was simply 'medicine.' In port cities like Shanghai and Canton, a handful of Western medical missionaries were opening dispensaries and tiny hospitals of a few beds each, but most of the general population was wary of foreign drugs and suspicious of the motives of the medical missionaries. Some medical missionaries did run busy clinics, gaining the trust of local populations due to their skill with regard to particular interventions, such as cataract surgery or the excision of tumours. In terms of drug therapies, quinine was the single obvious improvement on the Chinese pharmacopeia, but it was initially very expensive and so

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was dispensed sparingly. The missionary example did not lead to general acceptance of the new medicine from the West, and medical missionaries were even less successful at converting patients into Christians.[9]

How, then, did Western medicine become transformed from a dubious curiosity in mid-nineteenth-century China into its current status as the dominant medical system? Perhaps more intriguing, how were the competing approaches to therapy organized into the contrasting categories of 'Chinese' and 'Western' and then integrated into the official health system? Addressing these questions in the history of medicine can provide insight into the history of Western influence in non-Western countries, the ways in which science is perceived and performed as a marker of modernity, and the relationship of the discourses of modernity to cultural change and the construction of national identities. That is what this book hopes to achieve.

In keeping with this ambition to fit the history of medicine into these larger narratives of change, I do not attempt an exhaustive account of the medical history of the period, which would require a much longer book; nor do I offer a microhistory, hoping to illuminate broad trends through a narrow focus on a single individual or institution. Instead, I focus on key issues and important agents of change to illuminate the motives driving the active assimilation of some aspects of Western medicine and the reasons for the forging of a new Chinese medicine. This approach is designed to demonstrate the contingency and instability of these medical 'systems' and, by extension, to suggest the constructed and agonistic nature of most representations of culture, both foreign and domestic. I hope that, once these broad contours of change have been charted, they will provide a context for other, more archive-driven studies of the history of medicine in China.

What Is Western? What Is Chinese?

'Western medicine' is used here as a label, or place-holder, for a changing assemblage of theories, technologies, and practices that defies easy definition. Some writers prefer to emphasize its eclectic origins by labelling it 'cosmopolitan' medicine, and, among anthropologists, the term 'biomedicine' is often substituted, to emphasize modern medicine's grounding in biological sciences and to de-emphasize its geographical origins.

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The term 'biomedicine' is meant to signal a universal, scientific system of knowledge about the body in health and disease. However, even in the West, many other forms of medicine and healing remain available. In fact, as Arthur Kleinman notes, 'Because of its long development under the powerful regimen of industrial capitalism, biomedicine is the most institutionalized of the forms of medicine.'[10] Biomedicine today exists within a bureaucracy that controls the institutional settings and the terms of the encounter between patient and practitioner. Powerful professions regulate the practice of modern medicine, ostensibly to guarantee the quality of care, by splitting practice into many discrete specialties and monitoring the qualifications and permissible interventions of caregivers. Dominik Wujastyk suggests that the term 'modern establishment medicine' would avoid the use of other adjectives ('modern,' 'Western,' 'scientific') that make dubious status claims.[11]

Until at least the second decade of the twentieth century, however, medicine in Europe and North America was certainly not as institutionalized or as professionally consistent as these labels suggest. Theories and practices, therapies, and medical education all changed at an accelerating pace from the mid-nineteenth century onwards. This period saw the introduction of major abdominal surgery; the discovery of anaesthetics; the contested rise of germ theory; a new focus on physiology and laboratory medicine; and the start of new specialties (e.g., nursing and psychiatry) and new therapies (e.g., serum therapy against diphtheria and antibiotic drugs such as penicillin). Even the clinical trial, supposedly the gold standard of scientific medicine, was not required in the United States until, in the 1970s, the Food and Drug Administration insisted on 'adequate and well-controlled clinical investigations' for all new claims for drugs.[12]

Thus the medicine of the West changed dramatically in the course of the nineteenth and early twentieth centuries. The medicine taught in London in the 1830s to Benjamin Hobson, Britain's first Protestant missionary-physician to China, was very different from that taught to Chinese medical students in Japan around 1900. By 1921, when the Peking Union Medical College was reopened under the auspices of the American Rockefeller Foundation following the model of the United

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States' leading medical school, Johns Hopkins, the theories, practices, drugs, and underlying world views of medical sciences in 1920s America were recognizably different from those of both mid-nineteenth-century Britain and turn-of-the-century Japan.[13] At each stage in this history, therefore, we need to consider what attributes constituted the 'Western,' or 'modern,' or 'scientific' medicine under discussion.

Whatever the content, Chinese sources remained fairly consistent in referring to *xiyi* 西醫 (Western medicine) in contrast to *zhongyi* 中醫 (Chinese medicine). Sometimes, *xiyi* was replaced with *yangyi* 洋醫 (foreign medicine), usually a derogatory term, or the more laudable *xiandai yixue* 現代醫學 (modern medicine). Similarly, Chinese medicine was sometimes referred to dismissively as *jiuyi* 舊醫 (old medicine), or patriotically as *guoyi* 國醫 (national medicine). Geographical origins were important, a fact that Chinese publications made clear when referring to Western medicine from Japan as *dongxiyi* 東西醫 (literally, 'eastern Western medicine'). This book adopts the same usage as the historical sources, with the result that the terms 'modern medicine,' 'national medicine,' 'Chinese medicine,' and 'Western medicine' appear frequently. None of these terms had a fixed meaning apart from the implied contrast with its civilizational other, but their rhetorical content was unmistakable.

Before the nineteenth century, Chinese people did not need to specify whether medicine was Western or Chinese. All medicine and healing was *yi* 醫. *Yi* was both a noun, referring to healers, and a transitive verb, 'to cure, to heal (someone or something).' A healer might be honoured with the title of 'imperial physician' (*tai yi* 太醫) or be a member of the literati class, a 'Confucian physician' (*ru yi* 儒醫). He, or (rarely) she, might be an itinerant peddler of medicines, a 'bell doctor' (*ling yi* 鈴醫), or, if female, a 'drugs woman'(*yao po* 藥婆), or be referred to as a 'quack' or 'vulgar physician' (*yong yi* 庸醫). Women were only rarely referred to as *yi,* although they were important in health care as midwives (*chan po* 產婆 or *wen po* 穩婆) and might also work as shaman healers (*shi po* 師婆). The word *po* here means 'old woman' or 'granny,' and it was used of women who made a living outside the home, which was generally frowned on under Confucian moral norms. So, no matter what service

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the *yi po* 醫婆 (medical grannies) provided to women and children in the sequestered inner quarters of well-to-do households, their name carried derogatory connotations.[14]

In its original sense, *yi* referred to an extensive sphere of human activity. The word for ailment, *bing* 病, could also mean any flaw or failing, so that to *yi* a *bing* might refer to the correction of flaws in a piece of craftsmanship or in an administrative policy as well as to the specific activity of healing illness. The word 'to treat' (which is not the same as 'to heal'), *zhi* 治, has a semantic range that extends from dealing with disease to administering a bureaucracy, 'to put in order, to govern.' There is a long history of metaphorical equivalence between the management of the human body and the management of the political realm. For instance, the foundational medical-cosmological text *The Yellow Emperor's Inner Canon* (*Huangdi nei jing* 黄帝内經) contains the famous observation: 'The Sagely Man treats incipient disease rather than existing disease, and incipient [political] disorder rather than existing disorder.'[15] Indeed, the educated elites of late Imperial China considered it part of their duty as good Confucians to study the literature of classical medicine, primarily in order to manage the health care of their families but also to demonstrate their virtue and competence as potential stewards and administrators of the empire. Fan Zhongyan (范仲淹, 989-1052), a leading politician and educator in the Northern Song dynasty, is supposed to have said: 'If high office is unattainable, none can fulfill so well as a good doctor the desire to save people and benefit the world.'[16]

In the course of the nineteenth- and twentieth-century encounter with the West, the word *yi* lost these associations with Neo-Confucian piety; instead, it became an example of a contested 'super-sign' in the sense analyzed by Lydia Liu. That is, it became a signifier that mediates between two or more languages, in the process changing its original semantic range while creating an illusion of intercultural equivalence. As Liu puts it: 'The super-sign is good at camouflaging the foreignness and internal split of a verbal unit by adopting the unchanging face of an indigenous word, be it in written or phonetic form, and projecting an illusion of homogeneity.'[17] During the course of the late nineteenth and early twentieth centuries, *yi* no longer referred to the whole of the cultural field of healing. It became ambiguous, requiring the modifiers

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we have seen – *xiyi*, *zhongyi*, *xinyi*, *jiuyi*, *guoyi*, and *yangyi*. To refer to the field of medicine, it became necessary to say *yixue* 醫學, a word that had originally meant 'school of medicine' but that had been adapted by seventeenth-century Jesuits to mean 'learned medicine,' a new usage that Protestant missionary translators revived in the nineteenth century to refer to 'scientific' medicine.[18] The act of splitting and renaming what had previously been merely aspects of *yi* emphasized newly contrasting epistemologies of health and disease. Today, it is easy to take these separate categories as natural and to forget that they are artificial derivatives of what was once a single, complex field of activity. The concept of a *Chinese* medicine did not exist until Chinese physicians found themselves forced to define their field in order to distinguish it from the medicine of the West.[19]

'Scientific medicine' was of little interest to most Chinese in the nineteenth century, and when Chinese people *did* adopt it, it was rarely for its therapeutic efficacy. Instead, they turned to modern medicine for a range of non-medical reasons: to bolster the position of the Chinese government vis-à-vis the imperial powers; to make the case for the overthrow of the last imperial dynasty; to provide new kinds of jobs for women as a route to female emancipation; or as a new route to individual positions of wealth or power. These and other motives for the adoption of the new medicine deflate our confident assumptions about the objectivity of science or the efficacy of medical therapies and point towards other values. If there is a common denominator in the motives of Chinese who adopted Western medicine, it is that medicine became symbolic of a shared striving towards the ideals of modernity. More surprising, perhaps, is that this striving for modernity was also shared by many supporters and reformers of Chinese medicine. The 'cultural conservatives' who fought to preserve a place for Chinese medicine in modern China were just as committed to modernization as were those who strove to abolish traditional medicine in the name of medical modernity. Chinese medicine was radically reconfigured in the process of the struggle to assert that it was both an essential part of Chinese culture and a praiseworthy example of 'folk science' that could be appreciated and validated by moderns.[20] As a result of this process, Chinese medicine today is neither traditional nor even purely Chinese.

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Thus medicine carried with it many meanings that were only tangentially related to what sociologists call 'health-seeking behaviour.' Through the history of medicine we can follow the ongoing integration of China into the global economy of goods and ideas. Through medicine, we can interpret what modernity and science meant to both supply-side and demand-side actors. We can begin to understand why becoming modern and scientific was so important not only to the reforming elites but also to their more conservative opponents.

One of this study's most interesting findings is that the values associated with modernity (including science, democracy, linear time, and the commitment to progress in human history) came to be equally important in Chinese medicine. In this, Chinese medicine was part of a larger cultural undertaking. The indigenization of the values of modernity also led to the reformulation of many other 'traditional' spheres of knowledge and culture. The centrality of Confucianism in Chinese society was fundamentally undermined when the Imperial civil service examinations were abolished in 1905 and civil service appointments were filled instead by holders of degrees in the new sciences (such as engineering, geology, and international law).[21] After the First World War, when, in 1919, the victorious Allies refused to restore Germany's Chinese territories to Chinese sovereignty, a whole generation of Chinese blamed their culture and its inward-looking focus for China's weakness on the international stage. For this generation, who increasingly looked abroad for validation, the literary language of official communications seemed anachronistic; instead, they advocated for the use of vernacular Chinese even in written documents. In addition to importing many new words from the West, modern vernacular Chinese also adopted grammatical forms from European languages.[22] At the same time, the new Chinese literature was drawing many of its forms from Western literature;[23] Buddhism, Daoism, and Confucianism were all reformed to more closely resemble Western ideas of religion;[24] exposure to Western Enlightenment ideas of individual liberty and equality led to changes in family structure, particularly with respect to the status of women, and to a new legal code based on the principle of individual rights;[25] and it is hardly necessary to point out that the concepts of republicanism and communism are not indigenous to China.

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In each of these areas, the encounter with Western forms led to the creation of a new technical lexicon, the mapping of new concepts onto pre-existing elements of Chinese culture, and the selective deployment of aspects of foreign disciplines by different people for divergent purposes. In the process, Chinese culture was repackaged into ontological categories defined against their Western counterparts, and these redefined 'traditional' elements went on to shape Chinese culture for both Chinese and Westerners through the rest of the twentieth century and into the twenty-first.

In describing how Chinese people used medicine as an instrument of cultural and political self-fashioning, I examine negotiations of the meanings and contents of 'Western' and 'Chinese.' In twentieth-century China, science was an ideal trope, deployed to help correct some of the perceived failings of Chinese culture – just as, in the West today, 'holistic' Chinese medicine is often represented as a corrective to the mechanistic reductionism of modern clinical medicine. This analogy may make it easier to see that the flow and counterflow of science and culture consist of selective appropriations, of politically charged interpretations and reinscriptions of meaning. There are no pure cultural forms.[26]

The next chapter briefly outlines the diversity of healing in nineteenth-century China across the range of social class, nationalities, and gender. This spectrum of medical practices provides the substrate onto which idealized notions of 'Western' and 'Chinese,' 'modern' and 'traditional,' were to be imposed in subsequent decades. Chapter 3 examines the missionary medicine deliberately exported to China in the hope that the power of healing would open Chinese hearts and minds to Christianity more effectively than evangelism alone. As representatives of modern scientific medicine, missionaries were partially displaced after the end of the Sino-Japanese War in 1895 by Chinese enthusiasm for Japanese interpretations of science.[27] One overlooked aspect of Japanese influence in modern China is the way it served as a model for the reform of traditional culture as well as for the appropriation of modern science: this is the focus of Chapter 4. Chapter 5 explores the value of public health for the Chinese government, while Chapter 6 examines the political uses of medicine in the lives of influential Chinese. Chapter 7 describes the institutions created to support the new professions of

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medicine, and Chapter 8 highlights the effects of these cultural and institutional changes on the practice of Chinese medicine. The concluding chapter brings us full circle – to the new spectrum of medical practice of mid-twentieth-century China.

The Historical Context: Revolutionaries and Imperialists in China, 1839-1949

This overview is intended primarily for readers who may be unfamiliar with Chinese political history. Others may wish to skip this section and go directly to the next chapter.

The century preceding the founding of the People's Republic of China by the Chinese Communist Party (CCP) in 1949 was extraordinary in terms of its military, social, and cultural disruption. It is often called China's 'century of revolution.' From 1839 to 1842 and again from 1856 to 1860, military engagement with the British over trading rights (the 'Opium Wars') led to China's being forced to open coastal and inland port cities to foreign trade and to lease substantial territorial concessions to Britain and then to other imperialist nations, including France, the United States, Germany, Italy, Russia, and (after 1895) Japan. These cities, in which foreigners were allowed to live and trade, were known as the 'treaty ports,' and the succession of treaties that gave them these rights were known as the 'unequal treaties.' The treaty ports, together with their foreign and Chinese residents, were declared to be beyond the purview of the Chinese legal system. This extraterritoriality meant that foreigners were protected from Chinese prosecution unless a Chinese plaintiff could sue them in one of the foreign-run treaty port courts. The treaties also allowed for large reparations to foreigners from the Chinese government if their persons or property were unlawfully harmed even when outside the foreign concession areas. The treaty ports quickly became attractive refuges for dissident or fugitive Chinese avoiding prosecution, and regaining sovereignty over these key port cities was one of the priorities of the Chinese government during the Republican Era (1912-49).

From the mid-nineteenth century on, the stability of the Qing (Manchu) imperial dynasty was further threatened by devastating internal rebellions. In particular, the Taiping Rebellion of 1851-64 resulted

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in millions of deaths from fighting, displacement, and starvation. Southern China was laid waste not only in terms of its agriculture but also in terms of its cultural infrastructure and the ability of the population to contribute tax revenue. Close on the heels of the Taiping Rebellion came the Nian Rebellion in northern China, which reached its height in the period between 1853 and 1855, when the Yellow River broke its banks and switched course from the south of the Shandong Peninsula to the north, flooding thousands of hectares of arable land and displacing millions of farmers. Other, smaller rebellions erupted in Guangzhou (Canton) in the south and in the Muslim areas in the northwest and southwest.

The period from 1860 to 1895 is often referred to as the period of the 'Self-Strengthening Movement' (*ziqiang yundong* 自強運動) or the 'Foreign Affairs Movement' (*yangwu yundong* 洋務運動). When the Taiping rebels, who held the City of Nanjing and much of central and southern China by the early 1860s, advanced on the foreign treaty port of Shanghai they were effectively repulsed by British marines and artillery in 1860, and by British and French forces together with American mercenaries in 1862. The foreign artillery so impressed the Chinese generals and provincial governors Zeng Guofan and Li Hongzhang that, by 1863, they had created three small arsenals to provide themselves with similar modern weaponry. The year 1860 also saw the signing of the final Treaty of Tianjin between Britain and China and the establishment of the *Zongli yamen*, or Office for Foreign Affairs, the first institution in Chinese history to deal with foreign countries as equal sovereign states rather than as tribute-bearing satellites. It was quickly followed by the *Tongwen guan* 同文館, or School of Foreign Languages, for training Chinese diplomats in Beijing. The function of the school soon expanded to include training in Western sciences, for which foreign teachers were employed. Later, similar schools were established at Fuzhou and Shanghai.[28]

Funding for these military and diplomatic projects was largely provided by revenue collected by the new Imperial Maritime Customs Service. This government office evolved from the Inspectorate of Customs, formed in Shanghai in 1854 when British, French, and American consuls offered to collect import duties on behalf of the

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Chinese government during disruptions to normal trade caused by the Taiping Rebellion and the occupation of Shanghai by Triad (illegal secret society) rebels. Headed by a succession of British inspectors-general, this internationally staffed service became the Chinese government's main source of foreign currency and an important guarantor of China's international loans. Its steady income was also repeatedly mortgaged to foreign powers to pay for the various indemnities they imposed on China over the next half-century. Its revenues were also used to fund modernizing activities such as the new military arsenals and schools described above, and also the Plague Prevention Service set up in Manchuria in the wake of the plague epidemic of 1910 (see Chapter 5).

China lost control of the Southeast Asian peninsula in the Sino-French War of 1883-85. In the Sino-Japanese War of 1894-95, China and Japan used their new navies to contest their respective influence in Korea, and Japan won. The victorious Japanese imposed a burdensome war indemnity of US$200 million, payable in gold. Japan's victory surprised European observers and spurred many Chinese to advocate for the radical modernization of their military and civilian government.

Finally, in 1899, a group known to history as the Boxers because of their characteristic calisthenic exercises began a rebellion under the slogan of 'destroy the Qing and restore the Ming.' This was a reference to the Manchu ethnicity of the Qing ruling class, who had overthrown the last ethnically Han Chinese empire, the Ming, in 1644. When the Boxer rebels murdered two German missionaries, Germany's harsh military retaliation refocused the insurrection on the goal of driving European foreigners out of China. Conservative Manchu officials decided to support the Boxers, hoping that a combination of imperial troops and rebel forces would succeed in defeating the foreign forces in China. Empress Dowager Cixi declared war on all foreign powers in June 1900 and ordered provincial governors to send troops to Beijing. To the provincial governors, it was clear that the motley combined forces of untrained Boxer rebels and imperial recruits were no match for foreign armies, so they resisted the call to arms and made their own arrangements with the foreign consuls. The Boxers' two-month siege of the foreign

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embassies in Beijing ('the Siege of Peking') was routed in August by a combined foreign force. The foreign allies exacted a crippling indemnity on China: US$333 million to be paid over forty years, mainly from Customs Service revenues. Jack Gray estimates that the combined indemnity payments at the end of the nineteenth century consumed fully 44 percent of the Chinese government's annual revenue.[29]

By the turn of the twentieth century, it was clear to almost all Chinese that foreign powers were a threat to China. The consensus among the foreigners themselves was that their trading interests were best served by propping up the Qing imperial regime, but many Chinese were convinced that China's chances of survival as an independent state under the Manchu government were precarious. Eventually the Qing court, which had previously resisted attempts at structural reforms, embarked on a series of modernizations – the 'New Policies' (*xinzheng* 新政) – in the period from 1901 to the Chinese Revolution in late 1911. China was being forced to engage with foreign powers on terms that were set by the Westerners and that underlined China's subordination. To this day, Mainland Chinese historians refer to the period between 1895 and the founding of the People's Republic of China in 1949 as *guochi* 國恥 – [the period of] national humiliation.

The New Policies of 1901-11 aimed to create a constitutional monarchy and set a date for local elections in 1912-14, to be followed by elections for a national assembly. The proposals, modelled on the constitutional monarchies of the West, restricted the electorate to educated, propertied men and so would have won the support of many of China's elite. The measures also included reform of the educational system to include study of 'Western learning': science, international law, and foreign languages. The original intention was to gradually phase out the old-style civil service examinations based on expositions of classical texts. However, Japan's victory in the 1905 Russo-Japanese War, which seemed to represent the triumph of a newly created constitutional monarchy (Meiji Japan) over imperial autocracy (czarist Russia), persuaded the new Chinese Ministry of Education to prioritize educational reform. Thus, China abruptly abolished the entire civil service examination system as of 1906. Ironically, this act may have hastened the end of the Qing since,

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at one stroke, it alienated the thousands of local gentry who had spent many years of their lives studying in the hope of being able to advance through the examination system.

Among the many Chinese who were working for the overthrow of the Qing was Sun Yat-sen (Sun Wen 孫文, styled Zhongshan 中山, or Yat-sen in Cantonese pronounciation, 1866-1925), a Cantonese convert to Christianity who came from a farming family and who spent some time studying in Hawai'i before becoming one of the first students at the Hong Kong College of Medicine, run by two respected British physicians, Patrick Manson and James Cantlie. Sun graduated in 1892, but the British Medical Association did not recognize the qualifications of the Hong Kong graduates. Soon after, he turned to politics, organizing revolutionary secret societies, sponsoring anti-Qing propaganda, and travelling between China, Hong Kong, Japan, Hawaii, the United States, and England. Although the uprisings organized by his followers were initially unsuccessful, Sun's reputation was that of an inspiring leader and a committed republican whose success at raising funds from overseas supporters was considerable. In October 1911, the local government discovered a planned uprising in the inland city of Wuhan, thus forcing the rebels to mobilize quickly and to declare Wuhan independent of the central government. This triggered a series of similar declarations by most of China's provinces, and a cascade of hastily formed provincial assemblies announced their support for a republic under Sun Yat-sen's leadership. Although the new Republic of China was declared on 1 January 1912, with Sun as its provisional first president, Sun's lack of military support persuaded him to cede the presidency to General Yuan Shikai 袁世凱, who commanded the most powerful Qing army. The first national elections were held in 1912, giving a majority of seats to Sun Yat-sen's newly formed Nationalist Party (the Guomindang 國民黨, or GMD [often rendered KMT, according to the Wade-Giles romanization as Kuo-min-tang]). Yuan Shikai, however, hoping to make himself the founder of a new imperial dynasty, outlawed the Nationalist Party in 1915. Even though Yuan died of kidney failure a few months later, his plans to re-establish a monarchy had already offended many regional leaders, who withdrew their support for the Republic and created their own local power bases, leading to the 'Warlord Period' of 1916-27. During

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Figure 1 Map of China showing treaty ports, circa 1920. *Source:* Map by Eric Leinberger. Based on the map "Imperialism in the 1890s" from *The Cambridge History of China: Volume 11: Late Ch'ing, 1800-1911* (Part 2. New York: Cambridge University Press, 1980).

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this time, a series of short-lived governments was elected in Beijing, and these claimed control of tax and Customs Service revenue. The inability of these governments to extend their control into the provinces prolonged the political fragmentation, with Sun Yat-sen heading a rival government in Canton, and Western and Japanese authorities being in control of the many treaty ports.

Meanwhile, the First World War (1914-18) saw Japan joining the Allies and consolidating the territorial gains made after the 1894-95 Sino-Japanese War and the 1905 Russo-Japanese War. In 1915, Japan presented President Yuan Shikai with the Twenty-One Demands. In their original form these went far beyond recognizing and consolidating Japan's existing territorial concessions in Manchuria and the Shandong Peninsula, in effect making most of northeastern China into a Japanese protectorate while insisting that Japan be the only future beneficiary of any trading or territorial concessions in China. When the demands were leaked to the Western powers, Japan was forced to delete the most imperialistic clauses, but Yuan Shikai, whose ability to mount military resistance to Japan had been severely weakened by regional 'warlord' opposition, signed a 'Thirteen Demands' treaty with Japan in May 1915. This event caused great ill-will in China towards Japan and also raised Western powers' concerns about Japan's cavalier attitude towards international diplomacy. Meanwhile, China supported the Allied cause by sending about ninety-six thousand troops to serve on the Western Front, where they were not trusted to be combat forces but were used instead as front-line labourers, digging trenches and hauling artillery.

After the defeat of Germany, the Allies at the Paris Peace Conference shocked China by deciding *not* to restore the former German concessions to Chinese sovereignty, awarding them instead to Japan. Chinese public opinion exploded into outraged demonstrations in the cities. On 4 May 1919, a violently anti-Japanese, anti-imperialist demonstration of some three thousand students in central Beijing gave its name to a new movement dedicated to rescuing China from its international and domestic weaknesses. Many Chinese reformers and intellectuals in this May Fourth Movement blamed traditional Chinese culture for the defeat of republicanism and for China's vulnerability to foreign imperialism. Instead, they turned to two ideals of modernity, famously personified

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as 'Mr. Science' and 'Mr. Democracy' in the writings of Chen Duxiu 陳獨秀, the iconoclastic editor of the journal *New Youth* (*Xin Qingnian* 新青年) and co-founder of the Chinese Communist Party. To his generation, the concepts underlying Chinese medicine – *yin* and *yang,* the Five Phases, and belief in cosmic resonance between heaven, earth, and humankind – had to be expunged from the consciousness of modern Chinese citizens so that a new, strong nation could be created. In this, the leaders of the May Fourth Movement concurred with the New Culture Movement, which, a few years previously, had begun to increase political awareness among ordinary Chinese through emphasizing vernacular rather than classical literature and through attempting to reform the extreme hierarchies of the patriarchal Chinese family to allow for individual choice (e.g., in marriage), recognition of the individual rights of women, and engagement with modernist values. The modernism of this movement was expressed in a new orientation towards progress rather than towards an idealized Confucian past. It promoted science, democracy, and a commitment to racial improvement through eugenics and physical education in order to make Chinese people more evolutionarily 'fit' in an era of near-universal belief in the social-Darwinist concept of 'the survival of the fittest.'[30] Sports, physical education, and the banning of footbinding for women were thus the individualized, bodily expressions of a general concern to improve China's political and military position vis-à-vis that of the intruding foreign powers.[31]

Sun Yat-sen often appealed for Western and Japanese assistance, but only one country agreed to support the project of political reunification. In 1923, Soviet Russia, itself only six years old, said it would aid Sun's Nationalist Party if the Nationalists agreed to work together with the fledgling Chinese Communist Party, which had been formed in 1921. When Sun died in 1925, his reunification project passed to a young Moscow-trained military officer, Chiang Kai-shek 蔣介石 (1887-1975). With Soviet advisors on hand, the two organizations began their Northern Expedition to consolidate China's heartland under a single government in 1926. By March of 1927, a Communist advance contingent had succeeded in taking China's richest city, Shanghai, where it waited for the Nationalist army to bring reinforcements and organizational

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expertise. When Chiang Kai-shek's forces arrived, however, they moved to quickly disarm and round up the Communist forces, and then they slaughtered them. Thousands were killed on the mere suspicion of being Communist sympathizers, and surviving Communists were forced to flee or go underground, thus beginning an enmity that persists to this day.

Meanwhile, Chiang's forces continued to consolidate their positions, eventually uniting most of the provinces along the eastern seaboard and declaring Nanjing their capital city as political support was stronger there than around Beijing, where warlords Feng Yuxiang 馮玉祥 (1882-1948) and Yan Xishan 閻錫山 (1883-1960) still wielded considerable power. This period of Nationalist Party rule lasted from 1928 until the Japanese invasion in 1937 and is known as the 'Nanjing Decade.' It was a period of remarkable state-building activity, with the establishment of a modern banking system, unification and stabilization of the currency, energetic road- and rail-building projects, the creation of a new legal code, and – at least in the cities – substantial efforts to improve public health and sanitation and to expand the educational system. In 1930, the Nationalist government regained control over the trade tariffs that had previously been set by the imperial powers. The League of Nations provided technical expertise for state-planned industrialization projects, for example, sending engineers to help rebuild the Yangzi River flood control systems after a devastating flood in 1931.

Chiang Kai-shek continued to wage war against the Communists, many of whom had gathered in a rural area on the Jiangxi/Fujian border, where they proclaimed a Chinese Soviet republic in 1931. The Communists successfully used guerrilla tactics to repel several of Chiang's military expeditions but were finally encircled by Nationalist troops in October 1934. During the ensuing military retreat, constantly threatened by Chiang's forces, the Communists marched about nine thousand kilometres, taking a full year until they were finally able to establish a secure base in Yan'an in northern Shaanxi Province in late 1935. Mao Zedong's 毛澤東 (1893-1976) leadership during this famous 'Long March' consolidated his position at the head of the CCP, and Yan'an became the centre of Chinese Communist resistance during the War of Resistance against Japan (1937-45).

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Support for the CCP was drawn mainly from the farmers, who benefited from land reforms and rural health and literacy programs. This reliance on the peasantry to fuel the revolution was in contrast to Russia's insistence on the vital role of an urban proletariat. The Communists experimented with representative government. Under Mao's leadership they also became expert at guerrilla warfare against both the Japanese and Chiang Kai-shek's Nationalist army.

In China, the Second World War was almost synonymous with the Second Sino-Japanese War, which lasted from the Japanese invasion in 1937 until 1945. The Nationalist government was forced to retreat from Nanjing, first to Wuhan and then, in late 1938, to Chongqing, which became the wartime capital, referred to by the Western media of the day as 'Chungking, capital of Free China.'

This relocation of urban professionals and officials to the far more rural hinterland forced many of them to experiment with local, small-scale policy initiatives in contrast to their previous reliance on top-down state-building activities. With no central government to back them up and no certainty about the outcome of the war, doctors, educators, and other professionals refocused their attention on local, realizable initiatives. The vibrant improvisation of the chaotic wartime years has been all but ignored by historians of medicine, who have been overwhelmingly concerned with the narrative of China as a nation-state.[32] Kim Taylor's work shows clearly that, by 1944, in the Communist headquarters in Yan'an, Mao Zedong was responding to the exigencies of isolation and a largely peasant support base by advocating a 'united front' between useful elements of traditional culture and modern, scientific behaviour. In Mao's original formulation, old medicine and old-style doctors could be made more scientific by uniting with new medicine, a process that would involve discarding the feudal aspects of Chinese medicine, represented by 'illiteracy, superstition, and unhygienic habits.'[33]

As we shall see, the commitment to medical modernization was not only a concern of politicians. For many Chinese in the early twentieth century, hygiene and medical technologies were synonymous with modernity and civilization.[34] Doctors of Chinese medicine also shared these convictions and struggled to create their own version of a hygienic,

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civilized medical practice. On many levels, medicine became a metaphor for the social and political health of the nation. It is hard to imagine a better topic through which to explore the creation of a Chinese modernity.

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