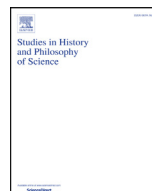




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Essay Review

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Neither Donkey nor Horse. Sean Hsiang-lin Lei; University of Chicago Press, Chicago, 2014, pp 382, Price US\$35.00 hardback, ISBN 978-0-226-16988-0

Sean Hsiang-lin Lei begins *Neither donkey nor horse* by juxtaposing two seemingly unconnected episodes in the history of modern China: first, the death of the revolutionary Sun Yat-sen in 1925, and second, the successful appendectomy of the American journalist James Reston during his travels to China in 1971. To Lei, these two events can be understood as bookends to the convoluted history of traditional Chinese medicine in the twentieth century. In the first episode, Sun's decision to forego biomedical treatment for liver cancer, and instead choose to manage the disease through Chinese drugs, was perceived as a "public betrayal" to China's modernizing program. Half a century later, Reston's successful appendectomy, which relied mainly upon acupuncture to relieve his postsurgical pain, appeared to vindicate the effectiveness of Chinese medical techniques. More than this, however, the case of James Reston was also a symbolic victory for Chinese medicine. At the time of Sun Yat-sen's death, acupuncture and related practices had been dismissed as backward, unscientific, and (most damningly) anti-modern. By the time Reston's postsurgical treatment had been publicized in the pages of the *New York Times*, Chinese medicine appeared to offer an alternative type of treatment—and more importantly, an alternative form of medical modernity—to that of Western medical science. Framing these two events as endpoints in Chinese medicine's modernizing journey, Lei asks the central question that informs his book: "How was Chinese medicine transformed from the antithesis of modernity to one of the most potent symbols for China's exploration of its own modernity?" (p. 3).

The answer is complex, and one that cannot rightfully be given justice within the narrow scope of a book review. In short, however, Lei argues that the twentieth-century confrontation between Chinese medicine (representing a backward Asian tradition) and biomedicine (representing Western scientific modernity) did not

simply evolve between the two styles of medicine directly. Rather, the confrontation took place between Chinese medicine and the modernizing state: a state that not only sought to impose its modernizing vision on the medical community, but one that was also influenced by medical practitioners from both camps. In this sense, practitioners of Chinese medicine were not simply the passive recipients of a state-mandated modernizing agenda, but actively worked with the state to shape the ideological, institutional, and epistemological context that would lead to the ultimate triumph of Chinese medicine as an alternative form of "modern" medical practice under the Chinese Communist Party (CCP).

Lei skillfully traces this narrative across 10 chapters, eschewing a standard chronological account for one that is more thematically oriented. His decision to do so is deliberate. Arguing that most previous works of medical history in China have simply refashioned the well-worn divide between tradition and modernity, Lei instead proposes what he refers to as a "coevolutionary" history: that is, a tale that both interweaves and problematizes the clear-cut distinctions between the history of biomedicine on the one hand, and the history of traditional Chinese medicine on the other. The book thus cycles between different moments in the political history of these two forms of medical practice, showing how they interacted both with each other and with the newly triumphant Nationalist Party, whose uncertain ideological program allowed for a surprising amount of flexibility in its interactions with practitioners of Chinese medicine. As Lei succinctly states, *Neither donkey nor horse* can most aptly be characterized as "a political history of medicine and a medical history of the Chinese state" (p. 10).

The inseparable relationship between medicine and politics in early twentieth-century China becomes strikingly apparent in Lei's first substantive chapter, which centers on the Manchurian plague of 1910–1911. Despite the fact that neither biomedicine nor Chinese medicine was effective at treating those who fell victim to the mysterious scourge, biomedicine eventually emerged victorious in the confrontation between these two forms of medical theory. The reason for the victory, Lei contends, had to do largely with the sociopolitical context of Manchuria at the end of the Qing dynasty. Since Japan and Russia were both determined to extend their imperial reach into the Manchurian steppe, they sought to use the Qing government's failure to contain the plague as an excuse for

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their territorial ventures. The fear of losing further territory served as a necessary impetus for the Qing to take up the clarion call of biomedicine. Even if the latter was ineffective at treating plague victims, it nevertheless was able to identify the scourge (pneumonic plague), and subsequently recommend a strategy for containing it (through quarantine). The state, in this instance, stood as the arbiter of medical decision-making, even if its choice did not center specifically on the therapeutic efficacy of one form of medicine over the other.

By the first few decades of the Republic (1911–1949), practitioners of Chinese medicine had become keenly aware of the power of politics in arbitrating which form of medicine would achieve dominance within the emerging Chinese nation-state. As a result, their claims to superiority and legitimacy were not strictly waged against biomedical doctors, but were mainly targeted at the government functionaries who held the power to either champion or deny the Chinese medical cause. Chapters three through five detail the ideological struggle that took place between supporters of both forms of medical practice. Champions of biomedicine, such as the Western medical practitioner Yu Yan (Yu Yunxiu), positioned the two forms of medical theory as being lodged in a zero-sum game. Believing that only one medical truth could exist in the ontological world, Yu argued that biomedicine had thoroughly and rightfully discredited the theoretical underpinnings of Chinese medicine. Chinese medical theory should thus be abandoned, he maintained, while Chinese drugs should be evaluated according to biomedical principles and held up to the scrutiny of Western science. Ultimately, Yu's stance was adopted by the Nationalist government, which attempted to eradicate Chinese medicine once and for all in 1929.

This attempted eradication, as the case of James Reston proves, was not a success. Instead, Chinese medicine practitioners launched a National Medicine Movement (*guoyi yundong*) in response to the challenge from reformers like Yu Yan. This movement encompassed two aspects. First, since Chinese medicine practitioners could not deny the ontological reality that appeared to legitimize Western science, they responded to the attack by “avoiding the place of confrontation”—that is, they sought to position Chinese medicine as something wholly different from, and therefore not in competition with, biomedicine. This “defensive strategy,” as Lei puts it, resulted in a “distorted self-image” that was sculpted largely in reaction to “enemies” of Chinese medicine (p. 86). Second, and perhaps more importantly for Lei's larger thesis, the National Medicine Movement sought to position Chinese medicine as an ally of the state. Here, Lei diverges from the standard narrative of Chinese medical history that was first laid out by the historian Ralph Croizier in his 1968 book, *Traditional medicine in modern China*. Croizier, and other historians who followed in his footsteps, argued that the impetus behind preserving Chinese medicine had to do with the fact that conservative elites upheld indigenous medical practices as a synecdoche for the cultural essence of Chinese intellectual tradition. To the contrary, Lei claims that the National Medicine Movement was *not* simply an appeal to cultural nationalism. Rather, “National Medicine” (*guoyi*) was a conscious strategy forwarded by Chinese medicine practitioners to align themselves with, and gain sanction from, the state. As Lei argues, it was not cultural nationalism, but rather political power, that paved the way for the preservation and future development of Chinese medicine.

The next four chapters trace the changing contours of Chinese medicine as it was adapted to fit the needs and demands of the modernizing state. In spite of the fact that the first half of the book portrays “Chinese medicine” and “Western medicine” as two distinct and self-contained categories, chapter six foregrounds the “internal heterogeneity” of the two styles of medicine (p. 123). In

the 1920s, as Lei explains, Chinese medicine was not an internally coherent set of practices, but a range of religious, magical, and medical approaches to disease that did not necessarily have any inherent commonalities. This heterogeneity ended up working in Chinese medicine's favor. When medical reformers, led in part by the Nationalist statesmen Chen Lifu and Chen Guofu, attempted to render Chinese medicine more “scientific,” they could preserve or eliminate different elements as they saw fit. As a result, certain practices (such as exorcism) were outright discarded, while others (such as acupuncture) were subjected to scientific testing and retained. Chinese medicine was thus remade in a completely new image—one that had little semblance to the heterogeneous assortment of medical and religious practices that had been employed in the past.

The act of “scientizing” (*kexue hua*) Chinese medicine experienced moments of failure and moments of success. On the one hand, because Chinese medical concepts like yin/yang and *qi* could not be confirmed using scientific methods, Chinese medical theory appeared less materially grounded—and thus less scientifically sanctioned—than biomedical concepts that involved germs and pathogens. On the other hand, because certain Chinese drugs and medicinal remedies had been proven effective at treating specific ailments, the *practice* of Chinese medicine—as opposed to its *theory*—continued to be upheld as a viable alternative to biomedicine. As Lei relates, “The struggle between the two styles of medicine thus shifted from a competition over which medicine better represented the world of material reality to one over which provided more useful tools for the practical purpose of treating illness in the here and now” (pp. 189–190). This struggle was epitomized by research into the drug *changshan*, which had been used as a cheap alternative to quinine in the struggle against malaria, particularly in China's wartime southwest. Although Chinese medicine practitioners could not explain, on biomedical grounds, why *changshan* was an efficacious antidote to malaria, years of accumulated experience marked the drug as both effective and safe. Even so, in the confrontation between Chinese and Western medicine, “experience” was not seen as valid grounds for confirming the therapeutic efficacy of Chinese pharmaceuticals. Thus, it was not until *changshan* had been subjected to biomedical testing that Western-trained practitioners were persuaded to accept the drug as legitimate—even if it meant that anti-malarial drugs were withheld from the public for longer than they needed to be.

The final substantive chapter focuses on similarities and divergences between Nationalist and Communist state-led rural medical policies. While both parties began to take an increased interest in rural healthcare in the 1930s and 1940s, the Nationalist government largely excluded Chinese medicine practitioners in their plans to expand health networks to the countryside. It was not until the 1950s, when the Communists had established state control, that Chinese medicine was effectively integrated into the national healthcare system. The reason for this later assimilation, Lei states in his conclusion, was that the Communists interpreted the relationship between medicine and modernity in a radically different fashion from that of their Nationalist predecessors. While the Nationalists viewed modernity as inextricable from Western science, the Communists actively strove to realize an alternative form of modernity that was not predicated on “bourgeois” science or the capitalist West. As a result, scientized Chinese medicine was salvaged from its earlier status as antithetical to modernity and was instead redeemed as a viable form of medical practice.

Neither donkey nor horse makes a number of substantial contributions to the still emerging field of medical history in China. As Lei aptly summarizes in his introduction, most historiographical works on Chinese medicine have “reproduced a binary opposition between tradition and modernity” (p. 6), thereby focusing *either* on

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