

REVIEWS

Sean Hsiang-Lin Lei, *Neither Donkey Nor Horse: Medicine in the Struggle over China's Modernity*, Chicago and London: University of Chicago Press (Studies of the Weatherhead East Asia Institute, Columbia University), 2014, 376 pp.

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This book by Sean Hsiang-Lin Lei addresses the development of Chinese medicine during the Nationalist period in China, beginning with the Manchurian Plague in 1910-1911 and ending with the Communist rise to power in 1949. In the process, he outlines a fascinating period in which various forms of Chinese medicine competed with bio-medical Western medicine for general acceptance of what constituted "medicine," interacting with related debates regarding ideas of modernity, state formation and science. Aspects of this transition of China between imperial and Communist rule in the medical field have been analyzed before, though mostly from a perspective of Western actors such as the Peking Union Medical College or the Rockefeller Foundation and their role within the transformations of medicine in China.¹ Lei describes this process as an internal struggle between different factions of the Chinese medical community, who adopted a broad range of arguments, seeking to adapt to rapidly evolving events while safeguarding both their respective belief systems and their social positions. For this purpose, Lei makes use of an impressive range of primary writings from Chinese doctors and scholars, producing meticulous and nuanced analyses of numerous participants and observers.

¹ See the classic: Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation & Peking Union Medical College*, Berkeley: University of California Press, 1980; also Socrates Litsios, "Selskar Gunn and China: The Rockefeller Foundation's 'Other' Approach to Public Health," *Bulletin of the History of Medicine*, 79.2 (2005), pp. 295-318; Liping Bu, "From Public Health to State Medicine: John B. Grant and China's Health Profession," *Harvard Asia Quarterly* 14.4 (2012), pp. 26-35; or, to a lesser extent, Iris Borowy (ed.), *Uneasy Encounters: The Politics of Medicine and Health in China 1900-1937*, Berlin: Peter Lang, 2009.

In addition to an introduction and conclusion, the book is structured into nine chapters, loosely ordered chronologically, but each also focusing on a specific theme or event, often with a fresh perspective. The chapter on the Manchurian Plague complements the received view of the event as a cradle of the connection between Western public health and the Chinese state by pointing out the combination of factors on which this result depended: the pneumonic character of plague in Manchuria (in contrast to bubonic plague in Hong Kong fifteen years earlier), the crucial role played by the microscope as a biomedical means of delineating the disease, and the fact that, though neither Western nor Chinese medicine provided a cure for the disease, Western medicine saved lives by offering effective strategies of prevention. Subsequently, practitioners of Western biomedicine, Chinese doctors as well as Rockefeller Foundation official John Grant, sought to recruit the state as an ally for their view of medicine by promoting public health policies. Early results were meagre, and many considered the country not ready for a system whose ideological underpinnings were so alien to the government as well as to the vast majority of the population. Nevertheless, the perceived lesson by practitioners of all types of medicine was that success required gaining tangible state support.

Meanwhile, the debate regarding the right form of medicine pitted those who were striving for reconciliation of biomedical and conventional Chinese medicine through some form of syncretism against those who saw no room for such hybridization. Attempts at reconciliation involved efforts to integrate meridian channels into the biomedical concept of blood circulation, and the biomedical rediscovery of the Chinese drug of *mahuang* as ephedrine, an alkaloid used as a stimulant, supposedly proving the pharmacological effectiveness of Chinese drugs. However, such hybridization was repeatedly denounced as “neither donkey nor horse,” a combination that was useless at best and harmful at worst by obstructing true medicine, by which practitioners could mean either Western biomedical or Chinese concepts. In 1929, state institutions were firmly in the hands of supporters of biomedicine, and one of its most dedicated representatives, Yu Yan, moved to completely replace Chinese medicine by having its teaching outlawed. This initiative mobilized practitioners of Chinese medicine who, so far, had had little in common, had not shared a collective agenda and had seen little reason to put their trust in the state. Faced with the threat of abolition, however, they united, formed an effective alliance with Chinese pharmacists and managed very successfully to reconstruct their struggle as a patriotic fight for “national” medicine. Adding the argument that abolishing their practice would condemn millions of rural patients to merely waiting for death, they gained official recognition, albeit at the price of promising “scientization.”

Lei demonstrates the significance of this development by presenting, at length, a 1933 chart that visualized the range of medical services in Shanghai.

This document demonstrates not only the high concentration of biomedical doctors in Shanghai, but also the chaotic range of practices, including magical and religious rituals, all suddenly subsumed under "Chinese." The call for "scientization" evoked different reactions in the field, including an embrace of the idea as well as its rejection, because Chinese medicine supposedly either did not need to or might have needed to but was unable to "scientize." The very idea could be seen as a victory for biomedical medicine, because the concept of "science" had become the defining precondition for acceptable medicine. It could also be seen as a setback, since the effort to fully replace Chinese medicine with an already existing "scientific" Western form had failed. Attempts at "scientization" varied. Acupuncture was tentatively connected with biomedical anatomy, while exorcism, which might have been reconstructed as a form of psychotherapy, was rejected as superstition.

Germ theory proved particularly difficult to reconcile with Chinese medicine. The problems resulted from very different disease configurations, as became obvious in lengthy debates between different practitioners over whether *Cold Damage* could or should be identified with typhoid fever. In this area, Chinese medicine was clearly under pressure, since biomedicine undeniably provided a better basis for disease-specific prevention, and even basic demands, such as reporting certain infectious diseases, presupposed the complete adoption of a biomedical definition of disease. In response, some practitioners of Chinese medicine tried to find ways of disease translation, while others avoided the question or insisted that the focus of their medicine was therapy, rather than prevention, anyway. This latter approach gave rise to the principle of "pattern differentiation and treatment determination," which came to be perceived as a defining feature of Chinese medicine.

In the 1940s, the confirmation of the efficacy of *changshan*, an old herbal remedy against malaria, through laboratory testing demonstrated the potential as well as the difficulty of combining the two types of medicine. Beginning testing with a drug already known to be effective violated biomedical principles, while presenting the result as a discovery of a "new" drug virtually ignored centuries of pharmacological experience in China, though it served to maintain scientific boundaries. In addition, the biomedical insistence on isolating one pure "effective" compound produced an alkaloid that was unusable as an anti-malaria drug owing to severe side effects which the original mixture of compounds of unknown individual effects did not have. Meanwhile, in the 1930s, the National Government firmly adopted State Medicine, a program of public health, drawing heavily on the experience gained by C.C. Chen in a pilot reform project, which adapted biomedical medicine to conditions in rural China, notably by seeking the mobilization of village health workers.

In his conclusions, Lei argues that the state had a mixed effect on Chinese medicine and that its relative weakness enabled practitioners of various forms of medicine to actively engage state participation in the negotiations. Thus, ironically, its very weakness during Nationalist times, made the state an important player. The result was, in Lei's view, a successful development of a new, hybrid form of medicine, ready for adoption by the Communist government in the 1950s because it had already undergone a process of "scientization."

With *Neither Donkey Nor Horse*, Lei has presented a complex study with many fascinating insights. The book is valuable in that it opens a window into the rich complexity of discussions at the time, which is particularly valuable to historians of medicine and science not fluent in Chinese. However, the strengths of the book are also its weaknesses. Lei is strongest when interpreting the details of events, but this in-depth approach, sometimes with lengthy interpretations of individual documents, comes at the expense of transparency and a clear overriding theme that intuitively connects the individual chapters. The joy of reading is also diminished by some redundancies, and by Lei's tendency to explain to the reader what he has just shown or is about to show.

In addition, the construction of the rivalry between Western, biomedical science and Chinese medicine as an internal Chinese struggle, excludes some of the international context.

The most puzzling omission is, perhaps, the complete absence of the role the League of Nations Health Organisation both in setting up a national health system in China in the early 1930s and in debates on international rural health. Having myself written on this topic, I hasten to admit my personal bias regarding the League of Nations, but the neglect is indicative of a larger exclusion of a transnational picture. Portraying Chinese doctors as isolated workers in rural health care ignores the extent to which similar initiatives were being taken and discussed elsewhere, in Europe as well as Asia, and how the Chinese experience both drew from and contributed to these debates. Indeed, C.C. Chen, the key personality in Chinese rural health, whom Lei cites extensively and with good reason, mentions these international contacts in his autobiography.² Also, more international contextualization might have made clearer how far developments were specifically Chinese, and to what extent they reflected the struggles of many countries in the twentieth century, as states came to assume a more active role in social welfare, making strategic choices regarding what constituted suitable health and medical concepts.

² C.C. Chen, *Medicine in Rural China*, Berkeley: University of California Press, 1989.

Another conspicuous absence are Chinese patients. With few exceptions, such as the Manchurian plague, Lei focuses on the philosophical and ontological connotations of the debates on a very abstract level. Thus, he misses an opportunity to consider to what extent medical pluralism, as it is typically practiced by patients in areas with diverse forms of medical care available, interacted with the theoretical discussions of medicine.

Nevertheless, overall, *Neither Donkey Nor Horse* is a rewarding and useful book, which adds an important facet to our understanding of the evolution of medicine in twentieth-century China.