CHINESE MEDICINE AND
THE PROBLEM OF TRADITION

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Abstract

In the West, but not only in the West, Asian medicines continue to be understood and promoted through a discourse that emphasises their status as ‘traditions’. Chinese medicine, widely referred to throughout the world as ‘Traditional Chinese Medicine’ (TCM), is an obvious example. The problematic nature of this practice, which uses tradition as the ‘other’ of modernity, has often been criticised, yet no alternative has yet emerged. One solution may be to redefine the notion of tradition in an effort to accord it value in and of itself. This article is a contribution to this process. It combines two different sections from a forthcoming book Currents of Tradition in Chinese Medicine, 1624–2005. The first section briefly reviews the complex history of the concept of tradition in western social thought. The second section, written in a very different style, uses eating—and specifically the meals that the author shared with his informants during his fieldwork—as an analogy for grasping some of the essential practices that define the scholarly tradition in Chinese medicine. Introductory in nature and intention, this article is intended to stimulate debate rather than provide a definite answer to the question it raises.

Little has been written about Chinese medicine in the West in the last half century—be it in scholarly monographs or guidebooks addressed to the general public, texts for physicians or physician’s leaflets to their patients—that does not contain a reference to tradition. In fact, TCM—standing for ‘traditional Chinese medicine’—now functions as an official label for Chinese medicine throughout the world. Yet the attachment of tradition to Chinese medicine is neither natural nor prescriptive. Rather, it is the consequence of ‘cultivated misunderstandings’, a poignant term used by the historian Kim Taylor to describe the process whereby what physicians and their patients

1 When writing this I carried out a Google search for the terms ‘Chinese medicine’ and ‘tradition’. It yielded 68,800 entries.
only a few generations ago simply called 'medicine' (yì 医) mutated into today's traditional Chinese medicine.²

The origins of this process date to the late nineteenth century, when the military superiority of colonial powers forced China's intellectuals to question and ultimately abandon beliefs regarding the universality and superiority of their own intellectual and scientific traditions. Comparison and selective assimilation soon gave way to more radical attempts at refashioning identities and imagining the future, including that of indigenous medicine. 'Chinese medicine' (zhōngyì 中醫) thus came to be differentiated from 'western medicine' (xiyì 西醫), even if much of the latter entered China via Japan. But it was not until after a dual healthcare system had been established in Maoist China that 'Chinese' and 'western' medicine became standard terms.³

Meanwhile, even as the west forced others to remake themselves in its image, its own citizens projected repressed desires for release from the iron cage of modernity onto the subjugated other. On their journeys to the mysterious Orient in search of sacred knowledge and enlightenment westerners rarely left unchanged the traditions they came to discover. Instead, in a 'funhouse mirror world' indigenous experts assimilated western ideologies and knowledge into their ancient practices in order to sell them back to western audiences thirsting for initiation into the mysteries of the East.⁴ Chinese physicians thus made a conscious decision to refer to their medicine as 'traditional' when writing for a western audience, even as they were busy creating for that tradition a new basic theory (jìchǔ lìlùn 基礎理論) in order to make it resemble more closely the scientific modernity of western medicine.⁵

In China, on the other hand, the epithet 'traditional' (chuántóng 傳統) is hardly ever used when talking about Chinese medicine. Attuned to the cultural sensibilities of their fellow citizens for whom asserting their country's modernity remains an issue of face or social respectability, physicians prefer to define what they do as a science.⁶ Such efforts

² Taylor 2004.
³ Previously, Chinese medicine had also been known as 'national medicine' (guóyì 國醫), a term still used in Taiwan and Singapore, 'ancient medicine' (gù yì 古醫), and 'outdated medicine' (jìn yì 興醫), depending on how the speaker viewed its place in modern China.
⁴ White 2004.
⁵ Taylor 2004.
are immediately destabilised, however, by a conflicting desire, usually embodied within the same person, to emphasise that their medicine is also distinctly Chinese. For the moment, the tension between the conflicting attachments to universal science on the one hand and Chinese nationalism on the other is tolerated because it is constitutive of contemporary Chinese society. Yet, as the globalisation of Chinese medicine is gathering pace, the fragility of this compromise becomes increasingly exposed to the demands of less accommodating techno-scientific networks. With this context in mind it is important to examine once again the status of Chinese medicine as a tradition, albeit with a more critical awareness of the fact that tradition itself is a term laden with history. For as Raymond Williams noted when he examined its use in the English language: ‘Tradition in its modern sense is a particularly difficult word.’

Tradition in the western imagination

Derived from the Latin *tradere*, meaning ‘to hand over’ or ‘deliver’, tradition originally referred to the handing down of knowledge or the passing on of a doctrine. Because only some things are worth being handed down over time, tradition soon came to be associated with issues of authority, right, duty, and respect. Its meaning thus slipped from an original emphasis on process to a more static focus on what was being transmitted. From this stems the reading of tradition as culture, or as an articulation between human beings and social practices that persists over time. The historical origins of this reading can be traced to the Enlightenment’s struggle for emancipation of knowledge from the constraints of religious dogma. Philosophers like Locke and Bacon argued that attachment to tradition (defined as authority grounded in custom) obscured access to the world by the powers of objective reason. Rational human agency based on empiricism could thus be contrasted with one based on habit, belief, custom, or practice. Thus evolved the tension between individualism and holism that dominates western thinking about history and social life even now. In this view, tradition, relieved of its attachment to

7 Scheid 2002.
8 Williams 1983, p. 308.
10 Bevir 2000.
religion, embodies the sentiments, opinions, and aesthetics of distinctive social groups, providing identity, enabling communication, and generating institutions. In a positive sense, tradition thus ensures the continuity of culture over generations. In a negative sense, it prevents growth and development and degenerates into traditionalism.

Liberal European social philosophers took up this static notion of tradition and presented it as a form of life that destined to be overcome by the progressive forces of modernity. Max Weber's theories of action and authority most clearly reflect this school of thought. Weber perceives modernity as governed by rational calculations of means and ends, constant innovation, as well as formal and transparent rules guiding behaviour. Traditional behaviour, on the other hand, is based on implicit rules legitimised by non-rational forms of authority, and therefore 'lies very close to the borderline of what can justifiably be called meaningfully oriented action, and indeed often on the other side'. In that sense, tradition came to be closely associated with non-western societies viewed, by definition, as more or less primitive. It was not the disappearance of tradition, therefore, that aroused curiosity among westerners but its often stubborn resistance to modernisation or, even more disturbing, its revival within the modern West.

Chinese medicine is a case in point. The historian Ralph Croizier explained that he was motivated to write his authoritative study Traditional Medicine in Modern China (1968) by 'a simple paradox and main theme—why twentieth-century intellectuals, committed in so many other ways to science and modernity, have insisted on upholding China's ancient prescientific medical tradition'. His answer—that the nationalist orientation of many intellectuals prevented them from accepting modernity without compromise—conveniently ignores that nationalism is a product of the same modernity Croizier himself embraces. On the evolution of Chinese medicine Paul Unschuld argued that, even if it still fulfils important practical uses, Chinese medicine as a living tradition is essentially static:

This static view of tradition is commonly traced to the writings of Edmund Burke 2001 [1791].
Weber 1947, pp. 115-16.
Pickstone 2000, pp. 60-82; Farquhar and Hevia 1993.
This position is commonly referred to as 'modernisation theory'. For a critique see Eisenstadt 1973.
Croizier 1968, p. 2.
With the breakdown of the traditional social structure [at the end of the nineteenth century], and with the demise of the traditional social ideologies supporting the Imperial age, and with the attempts to supply a new ideological basis to a changing social structure in the nineteenth and twentieth centuries, Chinese medicine lost its legitimizing environment. The result may be compared to the removal of a root from a tree. The tree dies but its wood, if preserved carefully, may remain in use for a number of meaningful purposes for a long time to come.\(^{16}\)

*The Invention of Tradition* (1983), a hugely influential volume of historical case studies edited by Eric Hobsbawm and Terence Ranger, offers a dynamic view of tradition in modern and modernising societies. According to Hobsbawm, European nation states during the nineteenth and early twentieth centuries systematically (re)invented traditions in order to legitimise status and power relationships and increase social cohesion in what were then new communities in search of a common identity. Hobsbawm and Ranger described such ‘invented traditions’ as ‘a set of practices, normally governed by overtly or tacitly accepted rules and of a ritual or symbolic nature, which seek to inculcate certain values and norms of behaviour by repetition, which automatically implies continuity with the past. They can refer to both ‘traditions’ actually invented, constructed and formally instituted and those emerging in a less easily traceable manner with a brief and dateable period—a matter of a few years perhaps—and establishing themselves with great rapidity.’ As such they represent ‘responses to novel situations which take the form of reference to old situations, or which establish their own past by quasi-obligatory repetition’.\(^{17}\)

These definitions are famously vague. Nevertheless, the discovery and analysis of ‘invented traditions’ quickly became a fertile field of research throughout the humanities and social sciences, drawing attention in particular to the ways in which people employ the past to make their present. Uncovered everywhere, from the construction of Shinto wedding rites in Japan to the founding of Women’s Colleges in Cambridge,\(^{18}\) invented traditions were soon discovered in the history of Chinese medicine, too.\(^{19}\) In each case, the shaping of medical

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16 Unschuld 1992, p. 46.
19 Andrews 1995 explicitly attaches her examination of the transformation of Chinese medicine in Republican and Maoist China to Hobsbawm and Ranger’s concept. Hanson 1997 refers to the invention of tradition in her analysis of the cre-
knowledge and clinical practice, of institutions and technologies of learning, and of social relationships among physicians were found to be closely tied to issues of social identity that connect medicine as an 'invented tradition' to society as an 'imagined community'.

In their perception of tradition as fluid and characterised by ruptures, breaks, and innovations, these studies reflect the changed intellectual orientation towards the study of non-western traditions that developed from the 1980s onward under the influence of diverse feminist, post-colonial, and post-structuralist perspectives. Gradually, these 'new geographies of Chinese medicine' revealed a dramatically different landscape of tradition than was depicted even a generation earlier. What had appeared to be static and rooted in the past now showed itself to be diverse, innovative, stratified along diverse lineages and ordered by conflicting loyalties. What had been called dead and anachronistic suddenly appeared to be capable of assimilating even the most modern technologies and scientific theories. At the macro level, awareness of the traffic of knowledge and technology across geographic, national, and ethnic boundaries undermined the notion of Chinese medicine as a bounded medical system and of biomedicine as its ever present other. Meanwhile, at the micro level of clinical practice, the manner in which physicians approached their patients' bodies was shown to be evolving at the interface of identity politics, technological change, newly emergent disease vectors, political ideology, and the social relations of learning.

Questioning and then undermining the binary logic of Orientalist discourse, the scholarship of the 1980s and 1990s produced a distinctive shift 'from dichotomies to differences in the comparative study of China'. Yet as these perspectives are themselves becoming normative, the danger is no longer one of underestimating diversity and change but of losing sight of the complex continuities and

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20 I am explicitly referring here to another concept very much 'en vogue' during the 1990s, i.e. Benedict Anderson's 1991 idea of the nation as an 'imagined community'.

21 Hinrichs 1998.

22 For a summary of this research see Hinrichs 1998. Important studies published since include Goldschmidt 1999; Hinrichs 2003; Hsu 1999; Scheid 2002; Taylor 2004.

enduring connections that also make Chinese medicine what it is. Here, Hobsbawm's metaphor of invention appears to be an insufficient foundation for any understanding of tradition that seeks to fathom why plurality and heterogeneity do not preclude—indeed, may even enable—continuity and organic growth.

**Dynamic traditions**

‘[T]he strength and adaptability of genuine traditions’, Hobsbawm wrote, ‘is not to be confused with the ‘invention of tradition’. Where the old ways are alive, tradition need be neither revived nor invented.’24 This distinction between ‘genuine’ and ‘invented’ traditions raises important questions. If, as contemporary historians suggest, Chinese medicine reinvented itself from time to time, then, according to Hobsbawm, it was never a genuine tradition. If, on the other hand, it is still a genuine tradition, as most of its practitioners would claim, how are we to describe its history of innovation? When did genuine tradition change into an invented one? Is lack of change a criterion of authenticity? And if it is, how then does authenticity relate to efficacy?

I believe these questions must be answered not merely out of scholarly curiosity, but because living people (patients, physicians, regulators) have a stake in discovering what is genuine and authentic, and what may be spurious or even false about tradition in Chinese medicine. Here I am not suggesting that historians and social scientists become arbiters among competing claims to authority. Accepting, however, that such disputes are central to what tradition is, and that they arise because of the instabilities and tensions intrinsic to its constitution leads us to an entire literature that has hitherto been ignored by writers in the field. It includes, for instance, the hermeneutic tradition in western social thought with its concerns for how knowledge and understanding are enabled by shared practices. Thinkers within this school of thought do not speak with one voice, nor are their views universally embraced. But their insistence on describing tradition as evolving and dynamic supplies perspectives that allow diversity and difference to function as constitutive aspects of tradition

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precisely because they are complemented by shared commitments and identities.²⁵

Alisdair MacIntyre's influential definition of 'a living tradition as an historically extended, socially embodied argument' is representative of this viewpoint. According to MacIntyre, 'a tradition is constituted by a set of practices and is a mode of understanding their importance and worth; it is the medium by which such practices are shaped and transmitted across generations.' People participate in practices in order to realise goods such as helping others, or discovering the truth. Engaging in a practice implies embracing the goods that define it and learning to realise them. For this purpose, a practice relies on the transmission of skills and expertise between masters and novices. As novices develop into masters themselves they change who they are but also earn a say in defining the goods that the practice embodies and seeks to realise. To accomplish these tasks human beings need narratives: stories about who they are, what they do, and why they do it. Traditions provide these narratives. They allow people to discover problems and methods for their solution, frame questions and possible answers, and develop institutions that facilitate cooperative action. But because people occupy continually changing positions vis-à-vis these narratives, traditions are also always open to change.²⁶

So when an institution—a university, say, or a farm, or a hospital—is the bearer of a tradition of practice or practices, its common life will be partly, but in a centrally important way, constituted by a continuous argument as to what a university is and ought to be or what good farming is or what good medicine is. Traditions, when vital, embody continuities of conflict. Indeed when a tradition becomes Burkean [i.e. static], it is always dying or dead.²⁷

A thriving tradition, according to MacIntyre, is thus always in a continuous state of becoming, open to change at any moment in time with respect to any one of the elements that constitute it. This, as the political philosopher Michael Oakeshott has pointed out, is precisely the reason why traditions are so difficult to grasp and define:

²⁵ Examples of authors belonging to this tradition include Scholem 1971, Gadamer 1972, Taylor 1985a; 1985b, Rorty 1989.
²⁶ MacIntyre 1984.
²⁷ MacIntyre 1984, p. 222.
Now, a tradition of behaviour is a tricky thing to get to know. Indeed, it may even appear to be unintelligible. It is neither fixed nor finished; it has no changeless centre to which understanding can anchor itself; there is no sovereign purpose to be perceived or invariable direction to be detected; there is no model to be copied, idea to be realized, or rule to be followed. Some parts of it may change more slowly than others, but none is immune from change. Everything is temporary. Nevertheless, though a tradition of behaviour is flimsy and elusive, it is not without identity, and what makes it a possible object of knowledge is the fact that all its parts do not change at the same time and that the changes it undergoes are potential within it. Its principle is a principle of continuity: authority is diffused between past, present, and future; between the old, the new, and what is to come... It is clear then, that we must not entertain the hope of acquiring this difficult understanding by easy methods.\(^{28}\)

**Chinese medicine as a living tradition**

As Oakshott points out—and as our limited understanding of Chinese medicine demonstrates—it is, indeed, very difficult to gain an understanding of the complex interplay between continuity and change, identity and agency, that constitutes tradition. It certainly will require more space than is available here. All I can do, therefore, at this point is to suggest via an excursion into the domain of food and eating what such an exploration might look like and what it might uncover.

For five years, from 1999 to 2004, I visited Shanghai and the Jiangzi delta for longer and shorter periods of time in order to explore the history of the Menghe scholarly current (\(Menghe\) \(xuepai\) 孟河學派). The Menghe current was an extremely influential group of physicians from southern Jiangsu that flourished between the seventeenth and mid-twentieth centuries, whose descendants continue to maintain a presence within the wider field of Chinese medicine.\(^{29}\) On my very first night in China in June 1999, I was invited to dinner by a group of physicians peripherally related to the Menghe current. Many more such dinners were to follow over the course of the years as I got to know many other such doctors as well as direct descendants of the most famous Menghe physicians. Whether a simple lunch in the home of a retired physician, or a banquet organised to establish, cement,

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\(^{29}\) For a summary of this study see Scheid 2004, 2005. See also Scheid in press.
or celebrate relationships, eating thus became as essential to my research as the time I spent in libraries reading lineage genealogies. One of the last of these shared meals took place in the spring of 2004, when I was invited to the monthly get-together of former students of one of the most influential Menghe physician in Shanghai. Where once half of the restaurant had been occupied by all of those attending, a single table was now sufficient for the group of septuagenarian physicians that had come to remember old times, and exchange memories about the friends and colleagues that had passed away. The sensation of an ending was distinctly present on that day. Still, food remained the most important issue.

Sharing a meal is one of the most important rituals in Chinese social life. Eating together from the same plate establishes and maintains relationships. Some of my comfort of being among these doctors thus undoubtedly stemmed from the feeling of having become a member—however peripheral—of their medical tradition in the course of these shared meals. As these physicians showed me around Menghe, Wujin, Shanghai, Changshu, and a host of other towns and villages, they also took me on a journey of discovery through the culinary riches of Jiangnan cuisine. Almost all of the physicians I had the pleasure of getting to know were gourmets. Knowledge about how precisely a dish should be prepared, what foods go well with each other, and when one should travel to a certain region for a delicacy in season were essential aspects of their art of living. Whatever town we would be travelling to, the journey there would be filled with talk about the local specialties that awaited us. On the way back, the pleasures of eating were prolonged by discussing which dishes had been the most tasty, what had been prepared just absolutely right, and what might have been even better and had, indeed, been so on another occasion. My physician friends held firm opinions about the quality of distinctive regional cuisines and had a very clear sense about where they themselves stood in relation to this diversity. Yet, they were not averse to picking a bit from here and there and to enjoy the best that each part of China had to offer. Each dinner, furthermore, evoked others with which it could be compared, and thereby friends, situations, histories. Seamlessly, the bodily pleasures of the palate were thus fused with the memories that make us who we are.

Now imagine these physicians enjoying the same kind of relationship to a medicine whose prescriptions are frequently called soups
(tang 湯) or wines (jiu 酒), and which are made up of many of the ingredients that go into a Chinese dish: ginger, dates, garlic, cinnamon, or anise seed. Imagine them as experiencing medicine as a refined activity that combines utility and pleasure; that benefits those who create and those who receive it; that has distinct regional flavours, which blend in and out of each other, each with its distinctive range of applications; a medicine that takes time to get to know and can only be learned slowly in the course of ongoing practice tied up to intimate types of social relationships; where a prescription, like a dish, has not merely utilitarian value but also can be treasured as a work of art; where innovation is always balanced by the need to relate the new to a defining (and therefore conservative) heritage as well as the fickle and ever-changing desire of consumers. That is the tradition of medicine of which the Menghe current forms but a part.

Today, another type of Chinese medicine exists side-by-side with this older tradition. A Chinese medicine that has grown out of such currents and remains attached to them by way of multiple articulations, but that in terms of its emphasis on systematisation, regularisation, and scientisation embodies the McDonald’s approach to food rather than that of haute cuisine. Like McDonald’s, it is widely welcomed and globally successful. Yet, it embodies different values, different practices, and different types of social relationships. However, just as McDonald’s is forever (re)inventing itself in order to stay alive—a process in which it feeds on and, in turn, feeds into other traditions of preparing and enjoying food—so Chinese medicine, too, is a living system made up of many currents that constantly weave into and out of each other.

Many studies have helped us to understand the nature and social organisation of Chinese medicine at various stages of its history. The task that still awaits us is to explore in detail how it evolved over time without any significant sense of rupture even though it is composed of so many different and competing currents. What, in other words, has held and continues to hold Chinese medicine together as a living tradition, but also where its fault lines lie. In Alisdair MacIntyre’s terms, this would mean to explore the continuity of debates and narratives about what constitutes the goods of that tradition. In Oakeshott’s view, it would mean to reconstitute a story of gradual transformation, where some things change while others stay the same at least for a while, so that fundamental change only appears to us as such after a considerable period of time.
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References

Crozier, Ralph C. 1968, Traditional Medicine in Modern China, Cambridge: Harvard University Press.
Hanson, Marta E. 1997, Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the Seventeenth to the Nineteenth Century, PhD dissertation, Department of History and Philosophy of Science, University of Pennsylvania, Philadelphia.
—— 2003, The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960–1279 C.E.), PhD dissertation, Department of History and East Asian Languages, Harvard University, Cambridge, MA.


—— 2004b, 'Divergent interests and cultivated misunderstandings: the influence of the west on modern Chinese medicine', *Social History of Medicine*, 17: 93–111.


Williams, Raymond 1983, *Keywords: A Vocabulary of Culture and Society*, revised and expanded edition, Harmondsworth: Penguin.