Although in the 1920s the Nationalist government of the newly founded Republic of China almost abolished Chinese medicine, it nevertheless allowed it to coexist with Western medicine after its withdrawal to Taiwan. The number of physicians practicing Chinese medicine is only one tenth of the number practicing Western medicine. In today’s practice, acupuncture plays a much smaller role than medicinal therapy. The widespread use of Chinese medicine and not least the interest of Western industrial countries has contributed to the incorporation of Chinese medicine into the health service that three years ago was extended to the whole population. Chinese medical education in Taiwan is being gradually absorbed into the university education system. Nevertheless, attempts to integrate the practice of Chinese medicine with that of Western medicine have so achieved little success.

Western interest in Chinese medicine has undergone a huge growth in popularity since the early 1970s after reports of Nixon’s historical visit to the PRC brought news that the Chinese were experimenting in the use of its ancient needle therapy to provide analgesia to permit the performance of surgical operations. Mao Ze-Dong’s government had been promoting the use of Chinese medicine and acupuncture as part of national health care. Government support for Chinese medicine in the mainland has encouraged Westerners to associate Chinese medicine with the mainland rather than with any other part of the Chinese-speaking world.

People tend to forget about Taiwan. Nevertheless, the development of Chinese medicine in Taiwan is of interest to us if we are to understand the development of Chinese medicine in the modern age. Taiwan is the only part China to have remained under flag of the Republic of China since the overthrow of Qing Dynasty in 1911, and the development of Chinese medicine on the island shows how Chinese medicine has fared in an environment of capitalism, modernization and Westernization, for a period of nearly a hundred years. With the economic failure of socialist policies and increasing liberalization
in the PRC, the development of Chinese medicine in Taiwan may in fact provide important indicators for future trends in the Chinese region as a whole.

To understand the general development of Chinese medicine in the modern era, we should go back to the 19th century, when China's contacts with the West first began to intensify.

The incursion of European traders in China in the 19th century brought the Chinese to the painful realization that their great civilization was a thing of the past, and that they were technologically backward, militarily weak, and economically impoverished. The reaction to this plight that came to dominate was the conviction that China had to acquire Western knowledge if she were to compete and survive in the world.

Beginning with military and technological knowledge, the Chinese began to acquire a vast gamut of Western learning. Although China had its own sophisticated healing traditions, the medical field certainly did not escape Western influence. Because missionaries who followed the traders into China used healing of the sick as a concrete embodiment of Christian love, Western medicine was introduced by foreign initiative more than by any Chinese initiative.

Western medicine was accepted because it was the medicine of a civilization accorded high prestige, because it was based on the scientific approach seen to be at the core of Western economic superiority, and not least perhaps because Western medicine shared certain similarities with Chinese medicine.

With the fall of Qing Imperial rule, the Republic of China was established by the Kuomintang or Nationalist Party, ushering in a period of intense Westernization. Chinese medicine had its defenders, and support for it was strong enough to prevent attempts within the government to abolish it. Nevertheless, support was not strong enough to allow it to be incorporated into the modern education system. Chinese medicine became a folk medicine, tolerated but not encouraged. The cultural eclipse is neatly symbolized by a change in terminology. What had been simply been called yi 'medicine' now came to be referred to as zhong yi, 'Chinese medicine.'
At the end of the 1920s, civil war broke out between the ruling nationalists and insurgent communists. The situation was exacerbated when the Japanese invaded China in 1937. In 1945, Nationalist forces succeeded in winning back Taiwan from Japanese, who had occupied it for 60 years. As they found themselves losing the civil war, Taiwan offered a haven free of communists, to which they retreated.

The Japanese invasion and the civil war left the Communists in control of the mainland and the Nationalists now only in control of Taiwan. In both the mainland and Taiwan, Western medicine was adopted as the principal form of medicine, and as the main arbiter of all health and hygiene matters. The differences in policy between the two governments is reflected in the development of medicine.

In mainland China, Chinese medicine was actively promoted alongside, though not to the same degree, as Western medicine. Different reasons have been given to explain this. One is that while resources were insufficient to provide adequate Western health care for the whole population, Chinese doctors were available in large numbers. Another is that Chinese medicine was considered to be the product of the Chinese people's experience in fighting against disease. A third is that Chinese medicine could be made into a mouthpiece for communist ideology.

In Taiwan, on the other hand, the Nationalists continued to their policy of keeping Chinese medicine on the popular margin of health care. In so doing, they were in fact continuing the same basic policy line as the Japanese had applied during their 60-year colonial rule of the island that Nationalists ended in 1945.

To give some idea of the relative importance accorded to Chinese and Western medicine respectively in the Chinese area, I might point out that the ratio of Chinese medical to Western medical doctors is about one in ten in Taiwan, while in the PRC it is about one in three. Despite the huge difference in these figures, it is quite evident that Chinese medicine is accorded a much lower priority than Western medicine in the mainland as in Taiwan.

Many people returning to the West after visiting China have the impression that the PRC government accords equal status to Chinese and Western medicine. As a result of the nationalist pride
encouraged by the PRC government, people receiving foreign students and guests have tended to exaggerate the importance accorded to Chinese medicine in the PRC. The propaganda should be understood against the hard facts. The resources invested by the government in training physicians are actually a more reliable indicator.

Since antiquity, a wide variety of methods have been available for maintaining and restoring health. Besides the classical forms of medicine based on traditional literature, acupuncture and medicinal therapy, there were many others: orthodox drug therapy, acupuncture, herbalism, shamanist and practices, prescription pharmacy, patent medicine pharmacy, bone-setting, and various forms of tuina and hygienic exercises, health-protecting amulets, etc. Note that although acupuncture is the Chinese healing practice best known in the West, it has not been widely practiced in China for centuries.

In the PRC, where education is provided by the government and where publications are tightly controlled by it, magical elements have largely been expunged. The modern form of Chinese medicine that has evolved in the PRC, where it is rather misleadingly called Traditional Chinese Medicine (TCM) in English, is a modernized version of various literary traditions. The encouragement of Chinese medicine in the mainland has given rise to the production of a vast amount of literature which has drawn what in the modern view are considered to be the useful elements of traditional Chinese medicine, present them in a way acceptable to modern readers, and often combines them with modern medical perspectives.

In Taiwan, magical and religious practices have been subject to no such restriction. For this reason, supernatural healing practices that have been suppressed in the PRC have survived in Taiwan. Although Taiwan is in many ways more modernized and Westernized than the mainland, it has been much more conservative in the realm of traditional healing practices.

Arthur Kleinmann in his classic study on traditional healing practices in Taiwan describes the large variety of traditional practices designed to reserve and restore health that still survived in Taiwan at the end of the 1970s. Anyone wishing to understand what we call Traditional Chinese Medicine or Traditional Chinese Medicine in the traditional context of healing practices and in the context
Despite its laissez-faire attitude to traditional healing practices, the Nationalist government has tried to regulate the practice of Chinese medicine. In the 1940s, provisions for a Special Examination for Chinese Medicine (zhong yi te kao) and licensing were introduced for Chinese medical physicians. This has survived to this day, although it is now to be phased out. According to these provisions, certain texts are prescribed for the examination, but no educational framework was established. Although numerous privately run cram-school have sprung up to get candidates through the examination, no university level course has ever been established with the specific aim of training students to pass this examination. For the past few years, students passing the Special Examination have been required to receive practical instruction, but there has never been any formal instruction prior to the examination. Patently, the aim of the regulations is to institute standards in field in which training traditionally followed the master-apprenticeship pattern.

Today, the Special Examination requires students to have a rudimentary knowledge of basic Western medicine and very broad and detailed knowledge of traditional Chinese medical literature, notably the *Huangdi Neijing, Nanjing, Shanghanlun, and Yizhong Jinjian*, etc. The examination is renowned to require a large amount of memorization and is notoriously hard to pass.

According to the government regulations, only those passing the licensing examination are allowed to practice Chinese medicine. Nevertheless, since Chinese pharmacists are allowed to sell Chinese medicinals without the prescription of a physician, there has been nothing to stop them either advising people on what remedies to buy or even providing a diagnosis.

In 1958, a group of Chinese medical enthusiasts established China Medical College in Taichung. This was the first college ever in the history of the Republic of China to offer a university-level program in Chinese medicine. The Department of Medicine trained students in both Chinese and Western medicine. The Chinese medicine that taught in the School of Chinese Medicine covers more or less the same content as the Special Examination. Emphasis is placed on familiarity with classical literature. However, the national examination that students of the Department of Chinese Medicine take is different from, notably easier than, the Special Examination.
After graduation, students were allowed a national examination to obtain a license to practice Chinese medicine. If they passed this, they could then take the national licensing examination for Western medicine.

The dual licensing system for students of the School of Chinese Medicine has continued to the present. Its success has always been hotly debated. It is generally admitted that most students entering the Chinese medical department do so because they failed to obtain high enough scores in the national university entrance examination to enter a regular Western medical college. On average, about 60% percent of graduates of the Chinese medical department go into Western medicine rather than Chinese medicine.

Enthusiasm for Chinese medicine in the "Department of Medicine" was so low that in 1960 it ceased the dual program instruction in Chinese and Western medicine was transferred to a newly created "Department of Chinese Medicine" while the "Department of Medicine" henceforth provided instruction in modern medicine only. Since that time, the Department of Medicine has for most of the time had a larger intake of students than Chinese medicine. In the meantime, a standard of array of medical college departments have sprung up, including pharmacy, nursing, public health, medical technology, etc. In deference to the founding goals of China Medical College, students in most departments learn, or at least have the opportunity to learn, something of Chinese medicine. Nevertheless, as the College has grown, the Chinese medical element has shrunk proportionally.

In reaction to continual "brain drain" from Chinese to Western medicine, a Post-Baccalaureate Department of Chinese medicine was established in 1984. Graduates of this School were only to be allowed to the take the Chinese medical licensing examination that the students of the Department of Chinese medicine sit. The Post-Baccalaureate curriculum includes quite a lot of instruction in basic Western medicine, but not nearly as much as in the curriculum of the School of Chinese medicine. As the name suggests, the Post-Baccalaureate School only takes in students that have at least a bachelor's degree in some other field.

The Post-Baccalaureate School of Chinese Medicine takes in as many students as the School of
The five-year course is particularly attractive to graduates from other schools and departments that have less lucrative career openings.

The curricula for Special Examination and for the two Chinese Medical departments of China medical college are, as I have said, quite traditional. As such, they differ somewhat from the PRC's modernized version Chinese medicine, which places more emphasis on modern literature synthesizing traditions than on the study of the classics. Although Taiwan has been isolated from the mainland, the mainland literature has found its way in. Although books in the simplified characters were until recently banned in Taiwan, medical literature was nevertheless smuggled in and reprinted in complex characters. Taiwan's participation in the international copyright convention and relaxation of the ban on simplified characters increased the availability of PRC TCM literature, and allowed it to become popular background reading among students.

In 1980, China Medical College created its own teaching hospital. The hospital provides the full range of Western medical services, but also has large Chinese medical department that is divided into various sections: internal medicine, traumatology, and acupuncture. All the physicians in the Chinese Medical Department are qualified in Western medicine as well as Chinese medicine, but generally practice a traditional style of Chinese medicine, basing treatment largely on traditional Chinese medical diagnosis.

In 1992, the government health insurance originally established for certain segments of the population was extended to a full national health service. Soon after, coverage for Chinese medical treatment was included. National health insurance covers drug therapy, acupuncture, and tuina for outpatients. Provisions to develop inpatient treatment of Chinese medicine largely await to be developed.

The decision to incorporate Chinese medicine into the national insurance system has undoubtedly been encouraged by world interest in Chinese and other alternative medicines and by Western precedents in insurance cover for acupuncture treatment.

The government's decision to allow the inclusion of Chinese medical treatment in national
insurance system has affected the structure of Chinese medicine. People who previously sought Chinese remedies are given greater encouragement to do so since they no longer have to pay for them. But the system encourages such patients to go to licensed physicians only, not to traditional pharmacists providing advice about choices of remedies, or any other traditional healing practices. In the future, we can therefore expect a diminishing plurality of traditional healing practices.

The national health insurance system favors industry since it only covers factory-produced powdered medicinals; it does not cover crude drugs that were traditionally used in decoctions. Factory-produced powdered drugs are said to enable more exact control of drug quality and control of quantities in compound formulas. These arguments have naturally been supplied from the factories producing the powders. Crude drugs are now becoming a luxury that people have to pay for themselves.

The inclusion of Chinese medicine in the national health system has encouraged many larger Western medical hospitals to establish Chinese medical departments. One other medical college, part of Changgung University, has also established a department of Chinese medicine, whose students take the same examination as those of China Medical College. Changgung Memorial Hospital has experimented with the integration of Chinese medicine with Western medicine. Unlike China Medical College Hospital, where Chinese medicine is considered a specialty in its own right, Changgung expects all its physicians to gain Western medical specialty qualifications. The result of this approach has been effectively to make Chinese medicine an optional therapy provided by physicians whose principal training is in Western medicine. This has tended to encourage a lack of respect for Chinese medicine that has made the approach unsuccessful. The hospital's regulations are shortly to undergo revision for China Medical College model to be adopted.

China Medical College has been slower to develop integration. It was only recently that China Medical College Hospital established a Department of Integrated Chinese Medicine, and the College created an Institute of Integrated Chinese and Western Medicine

At the present time, the Special Examination physicians are the most numerous licensed Chinese medical physicians. They have their own, highly influential, Association of Chinese Medical Physicians, which is separate from that of medical college graduates. A bill to phase out the Special
Examination has recently been passed, so that in future the only licensed physicians practicing Chinese medicine will be those who have graduated from a medical college, and have received as part of their training a greater or lesser amount of Western medicine. The future providers of Chinese health care will be working either in Chinese medical departments of Western medical hospitals or in individual or group practices, but in either case within the framework of the national health system.

Although the education and practice of Chinese medicine will be increasingly brought into the same framework, it remains to be seen to what extent and in what way Chinese medicine will actually be integrated with Western medicine. While in the mainland, the government has supported Chinese medicine and imposed a modus vivendi with Western medicine, this cannot be done in the free academic environment of Taiwan. The speculative nature of its concepts makes Chinese medicine unacceptable to Taiwan's Western medical community as much as to the West's.

Attitudes to Chinese medicine amongst its proponents in Taiwan differ from those of Western proponents. In the West, supporters of Chinese medicine tend to see it as an alternative to Western medicine or as a complement to it. Amongst Westerners, Chinese medicine seen as a natural and holistic medicine and therefore as being based on a philosophy entirely different from that not only of Western medicine, but also of science and technology.

The concerns of the Chinese are entirely different. Of paramount importance in their lives is the economic and scientific edge that West has over them. They are more aware of the benefits of science and technology than problems that they bring. For them, Chinese medicine retains its popularity because it responds to traditional notions of health and sickness. It retains its popularity because it allows them the freedom they traditionally had of `shopping around' for cures rather than accepting the often `single verdict' of Western medicine.

The Chinese medical community in Taiwan as well as in the PRC believes that if Chinese medicine really does have any clinical value, it must be possible to integrate it with any other clinically valuable medicine. It also believes that if it is to convince the rest of the world of the value of Chinese medicine, it must prove its worth to the dominant modern medical community.
The problems with this stance are immense. There is no place in Western medicine for any medical practice that does not rest entirely on a scientific footing. Any form of Chinese medicine that stripped of all its many speculative concepts (channels, organ functions, and diagnostic categories of the pattern) would barely be Chinese medicine at all. Hence the road ahead to proving the scientific bases of Chinese medicine is fraught with difficulties. Whether or not the challenge can be successfully met before the traditional ideas of the health and sickness that currently continue to ensure the popularity of Chinese medicine fade away is a moot point.

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