

How Did Chinese Medicine Become Experiential? The Political Epistemology of *Jingyan*

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1. Translating Experience

It is now common wisdom that Chinese medicine, unlike modern biomedicine, is founded on thousands of years' accumulation of *jingyan* (experience). In terms of consulting the practitioners of Chinese medicine, Chinese people generally believe that the more experience a doctor has in treating illness, the better he or she is. In academic circles, the notion of experience has become the focal point for both historians and anthropologists of Chinese medicine. Treating medicine as pragmatic activity instead of abstract knowledge, some scholars recently have gone beyond textual analysis of Chinese medical canons to examine the dialectical relationship between medical texts and embodied experience in the processes of learning and practicing Chinese medicine.¹ Anthropologist Judith Farquhar goes so far as to suggest that unlike its Western counterpart, "knowing" in Chinese medicine actually means

“personal and historical experience formed in scholarly, didactic, and therapeutic practice.”² Thus both our mundane evaluation of Chinese doctors and the scholarly understanding of Chinese medicine have been mediated by the notion of experience. Although we take it for granted that traditional Chinese medicine was based on experience and progressed through accumulating experience, we note that this way of characterizing Chinese medicine is a completely modern phenomenon.

The term *jingyan* (experience) did appear in Chinese medical texts long before the modern time. The ways in which *jingyan* was used by Chinese people nevertheless changed dramatically when the notion of experience was introduced into the Chinese language along with Western empiricism. In this sense, when the Chinese term *jingyan* was picked up to translate the Western concept of experience into Chinese in the late nineteenth century, its own meaning was irreversibly transformed in the translating process.³ Unlike its new usage as a noun, traditionally *jingyan* was mostly read as *jing yan*, a verb compound. It was used adjectivally to describe a collection of well-respected formulas of drug prescriptions as being *jingyanfang*, that is, formulas whose effectiveness was demonstrated “through testing and being confirmed.” Therefore, *jingyan* was not something that an individual could possess. Pre-Qing medical texts rarely suggested that individual Chinese doctors were either lacking or abounding in *jingyan*, although this is precisely how *jingyan* is typically used in twentieth-century Chinese language. Now that the new usage/meaning of *jingyan* has become so entrenched in Chinese medical language, it is difficult to imagine that for quite a long time Chinese people lived comfortably without it. The problems are (1) What was the historical context in which Chinese people suddenly perceived Chinese medicine to be based on *jingyan*? and (2) What have been the consequences of that historical event since which Chinese people started to treat Chinese medicine as if it were exclusively based on *jingyan*?

By the beginning of the Republic era the term *jingyan* was clearly being used to refer to something very close to the notion of experience. For example, in 1919 when a Chinese doctor proposed instituting a certifying examination for practitioners of Chinese medicine, he differentiated two kinds of medical qualifications, *xueshu* (scholarly learning) and *jingyan*.⁴ According to the author, Chinese doctors should be tested first on their scholarly learning. Only

those who passed the examination of scholarly learning would be allowed to take the test on *jingyan*. The Chinese doctors who had experience (*you-jingyan*) but lacked medical learning had to attend supplementary classes in order to receive a certificate. Therefore, while *jingyan* and scholarly learning were juxtaposed in Chinese medicine in the 1910s, the former was subordinate to the latter. Elsewhere another Chinese doctor asserted, “In Chinese as well as Western medicine, the excellent doctors must be those who had abundant scholarly learning and experience. Nevertheless, to comprehend the [medical] principles and the concept of *qi*, Chinese doctors must be the ones who were good at studying books.”⁵ At this time there was no sign that the basis of Chinese medicine was its *jingyan*.

The concept of *jingyan*-based Chinese medicine became prevalent after the collective struggle between Chinese doctors and Western-style doctors⁶ began in the late 1920s.⁷ This struggle formally started in 1929 when, in the first National Health Conference, the National Board of Health passed a proposal by Yu Yan (1879–1954) to abolish the practice of Chinese medicine. Being attacked as a group by the state, Chinese doctors organized themselves into a formal group, mobilizing the National Medicine Movement. This historic event fundamentally transformed the logic of competition between the proponents of two medicines in China, causing them to struggle against each other in the field of the state. This essay will demonstrate that the 1929 confrontation also constituted an epistemological event that gave birth to the popular idea that Chinese medicine was based on *jingyan*.

To promote what he called the Chinese medical revolution, Yu Yan, more than anyone else, articulated and popularized the notion that Chinese medicine was based completely on *jingyan*. Following Ludwig Wittgenstein’s suggestion to “think of words as instruments characterized by their use,”⁸ this essay will demonstrate how Yu Yan and other Western-style doctors used the concept of *jingyan* in a series of strategies against Chinese medicine: to demarcate the evolutionary stages of Chinese medicine, to dissociate Chinese drugs from Chinese medical theories, to impose the social division of intellectual labor between Western-style doctors and Chinese doctors, and to preclude the possibility of “scientizing Chinese medicine.” Because of those strategies, Chinese doctors encountered great difficulty in reasserting the autonomy of Chinese medicine with an allegedly neutral

notion of *jingyan*. Inasmuch as *jingyan* and related concepts functioned simultaneously as epistemological categories of Chinese medicine and instruments of political strategies, the subtitle of this paper is “The Political Epistemology of *Jingyan*.”

Section 2 deals with the first function of *jingyan*: to dissociate Chinese drugs from Chinese medical theories. In fact, one of the most crucial and also the most invisible result of the struggle under investigation is that since then Chinese drugs and Chinese medicine in general have assumed distinctively different credibility. Section 3 focuses on an intriguing question: Given that *jingyan* was Western-style doctors’ tool against Chinese medicine, how could so many Chinese doctors also embrace the discourse of *jingyan*? To answer this question, in section 3 I argue that there was a sharp break in terms of Chinese doctors’ attitudes toward the *jingyan*-based characterization of Chinese medicine. The majority of Chinese doctors had been unwilling to adopt Yu Yan’s *jingyan*-based characterization of Chinese medicine until Western-style doctors dominated the newly established Ministry of Health and exercised state power to abolish Chinese medicine in the spring of 1929. After that, because Chinese doctors also strove to recruit the Koumintang (KMT) state as their ally, the Chinese doctors had to struggle against the Western-style doctors in the new epistemological platform set up by the latter.

Section 4 analyzes the key battlefield after the 1929 confrontation: the Scientific Research of Nationally Produced Drugs. More than simply two epistemological categories, the opposition between *jingyan* and experiment also justified a highly asymmetric social division of intellectual labor between the two medical parties within this research program. In section 5 I argue that, in the struggle against Chinese doctors, Yu Yan not only appropriated the Western notion of experience but also revitalized the traditional (pre-Western) Chinese concept of *jingyan*. In this sense the neologistic construction of the Chinese term *jingyan* belongs to neither traditional China nor the modern West.⁹ Rather, the concept of *jingyan* is a cultural hybrid created at the moment when Chinese medicine encountered the state. By situating this history within the context of the global expansion of Western science and biomedicine, in the conclusion I take a reflexive stance toward my genealogical analysis of *jingyan* and spell out its cross-cultural implications.

2. Decoupling Chinese Drugs from Chinese Medical Theories

In terms of understanding the history under consideration, no one was more crucial than Yu Yan. For both Chinese doctors and Western-style doctors in the 1920s and 1930s, the notion of a Chinese medical revolution was inseparable from him. According to Yu Yan's recollection, he started developing a critical stance toward Chinese medicine while studying Western medicine in Osaka, Japan. Soon Yu Yan became a determined critic of Chinese medicine and finally proposed to abolish Chinese medicine in the first National Public Health Conference held in 1929. After his proposal fell through and unexpectedly provoked the National Medicine Movement, Yu Yan actively participated in every major debate between the proponents of the two types of medicine. Therefore, when the communist government in the 1950s decided to promote traditional Chinese medicine, the KMT's nonsupportive medical policy was often labeled as Yu Yan's policy of "abolishing Chinese Medicine, preserving Chinese Drugs."¹⁰ For many Chinese doctors Yu Yan personified the oppressive force of Western medicine.

It is far from accidental that Yu Yan first articulated his theory of how Chinese medicine originated from *jingyan* in his essay on scientific research on nationally produced drugs. Throughout this period Yu Yan's conception of *jingyan* was closely associated with his strategy for decoupling Chinese drugs from Chinese medical theories.¹¹ In this important essay Yu Yan organized his argument around a previously unproblematic question: Since Chinese medical theories are unscientific, far-fetched speculation, and since traditional Chinese anatomy, physiology, and pathology have all proven to be wrong, how can Chinese medicine be effective in treating certain diseases? Before answering this apparently crucial question, Yu Yan made his position clear:

We have to first recognize that those utterances about *yinyang*, the five *phases*, and the twelve *jing-mai* (circulation tracts) are simply all lies, absolutely not factual, and completely groundless. One should resolutely and decisively put an end to such idle talk and then we can start discussing truth with him. *If anyone is half-hearted about abandoning those absurd ideas, I am not interested in talking with him.*¹²

As revealed by this statement, Yu Yan's bottom line was to repudiate the most deeply entrenched theoretical concepts of Chinese medicine—*yinyang*, the five *phases*, the twelve *jing-mai*, and so forth. As a result, the renouncement of Chinese medical theories was the first thing built into Yu Yan's *jingyan*-centered characterization of Chinese medicine. When one emphasizes Chinese medicine as being built on *jingyan*, one tacitly admits that its theories are, at best, suspicious.

If the deeply entrenched concepts of Chinese medicine are groundless and false, then what factors should be credited for the apparent efficacy of Chinese medicine? Throughout the 1920s and 1930s this question was hotly debated by both Western and Chinese doctors. Regardless of whether one was looking for "scientific value" or for the "national essence" of Chinese medicine, one first had to provide a satisfactory answer to this question. Otherwise one would have no idea how to locate the scientific value or how to preserve the national cultural essence. Suddenly the question about the real location of Chinese medical knowledge—which elements of Chinese medicine should be credited for its curative efficacy—emerged as the enigma of all enigmas.

In his answer to this most frequently asked question about Chinese medicine, Yu Yan offered four possibilities.¹³ The first, not surprisingly, was the efficacy of Chinese drugs. The second was Chinese doctors' *jingyan* of prescribing drugs. Third, patients occasionally recover by themselves without any help from medicine. The fourth was the psychological effect of doctors' authoritative diagnosis and prediction. The last two are no more than suggestions that Chinese medicine is inefficacious. Therefore Yu Yan attributed the efficacy of Chinese medicine to its "facts": Chinese drugs and *jingyan*. Yu Yan further asserted that, with regard to the curative efficacy of Chinese medicine, "its theories and facts are two distinctly different things."¹⁴ At the time Yu Yan singled out Chinese drugs and *jingyan* to be the real essence of Chinese medicine, he decoupled them from Chinese medical theories. Elaborating on this point, Yu Yan argued,

What do we really want to achieve when we are conducting research on Chinese drugs? In the ancient times, when the medicine just originated, drugs were one of the several therapeutic means. Certain drugs were

effective in treating certain diseases and certain diseases could be cured by some drugs. This [kind of knowledge] was actually discovered by the aborigines' *jingyan*. . . . It was discovered by human beings' instincts and had no relation at all to the theories which came much later. Therefore, the compilers of Chinese Materia Medica always spoke in a very straightforward fashion. Those compilers only recorded the "factual information" (*dangran*) of drugs while refraining themselves from "speculating about the reasons" (*suoyiran*) why those drugs work, because they realized that what they knew about drugs was based on *jingyan* and they had no theory to offer.¹⁵

Thus, as Yu Yan argued, in two senses the *jingyan* of Chinese medicine was unrelated to the Chinese medical theories. First, rather than being guided by theory, one acquires *jingyan* through the instinctive testing of Chinese drugs. Elsewhere, to emphasize the instinctive, pretheorized nature of *jingyan*, Yu Yan went so far as to compare the "aborigines' *jingyan*" to animals' instinctive behaviors.¹⁶ For Yu Yan, precisely because Chinese drugs were based on this instinctive *jingyan*, the so-called Chinese drugs in fact were not particularly Chinese except that they happened to be produced in China. Therefore Chinese drugs should be correctly named *Guochan yaowu* (Nationally Produced Drugs). In this sense, Yu Yan's conception of *jingyan* was instrumental for his project Scientific Research on Nationally Produced Drugs.

Second, Yu Yan suggested the existence of a special sort of *jingyan* that precedes any theoretical framework. In fact, for Yu Yan, only this specific kind of *jingyan* deserved serious study because it had not been polluted by unscientific Chinese medical theories. The existence of the pretheory *jingyan* is not only crucial to the epistemology of Chinese medicine but also verifiable in its history. According to Yu Yan, the Song dynasty was the historical turning point for Chinese medicine because thereafter speculative medical theories were added onto the *jingyan*. As Yu Yan pointed out,

Since the Song dynasty the discussion of prescribing drugs has been filled with flowery language but lacked factual ground. Consequently, the objective and experiment-based scientific spirit was completely replaced by subjective speculation. Fortunately, the real essence of effective drugs did not change at all, even though people started to construct more and more

profound theories. When prescription was under consideration, the main principle was still “always prescribing the drugs proven effective.” *Ultimately, what worked in treating diseases was not derived from the theories but rather a collection of experience-based formulas.* In short, the therapeutic facts of Chinese drugs were recognized long before people tried to explain those facts with speculative theories.¹⁷

By recasting the history of Chinese medicine this way, Yu Yan further decoupled Chinese drugs from Chinese medical theories along a temporal axis. From his point of view, instead of progressing by accumulating more facts, Chinese medicine has actually regressed since the Song dynasty.¹⁸ With regard to conducting scientific research, Yu Yan suggested that researchers should focus on studying the formulas collected before the Song dynasty.

Ironically, in Chinese history the Song imperial government probably contributed the most official support to Chinese medicine by establishing the Great Medical Office [Taiyiju], prescribing medical curricula and examinations, and regulating medical practice.¹⁹ Roughly around this period the social status of Chinese medical practitioners was significantly elevated.²⁰ Partially because of the Song emperors’ exceptional concern about medical practice and education, the scholarly officers became interested in Chinese medicine, a discipline previously considered to be a less-than-respected craft. From the viewpoint of Yu Yan and other modernizers, however, it was precisely this social elevation of Chinese medicine that resulted in its qualitative deterioration. In light of this historical understanding, Yu Yan suggested,

I think that the Post-Song and Post-Yuan drug formulas are adulterated with scholarly doctrines. Therefore, they are very suspicious. . . . On the contrary, the formulas circulated among the vulgar healers and villagers are much less deceptive than those prescribed by the literati doctor (*ruyi*). We should try our best to collect their [the vulgar healers’ and villagers’] discoveries, which could be used as the raw materials for our research. If we pay due respect to the facts discovered by human instincts, we can uncover the truth of *jingyan* and confirm its true value through experiments.²¹

As a result of prioritizing this allegedly pre-theory *jingyan*, many of Yu Yan's contemporaries, including Chinese doctors, were committed to collecting those "vulgar doctors' and villagers' *jingyan*-based formulas." Many medical journals devoted a column to exchanging those obscure formulas of drug prescriptions.²² For example, supported by the Shanxi provincial government, the famous Shanxi Research Association for the Improvement of Chinese Medicine [Shanxi Zhongyi Gaijin Yanjiuhui] collected six volumes—three thousand pages—of formulas. Its editorial notes read, "The expertise of Chinese medicine is its distinctive *jingyan*; the expression of this *jingyan* is the formulas of drugs."²³ Therefore, instead of simply being a repressive ideology, Yu Yan's conception of *jingyan* in fact stimulated Chinese doctors to take action—to treat their own medical knowledge as if it were a collection of atomized *jingyan*, to leave aside their medical theories, to trust those who hitherto were considered to be untrustworthy, and to value and to collect the folk formulas of drugs. Clearly, the more Chinese doctors pursued this line of action, the more Chinese medicine disintegrated.

Thus far, on both epistemological and historical grounds, Yu Yan had demonstrated that Chinese drugs and *jingyan* are separable, and should be separated, from the mysterious theories of Chinese medicine. In this picture, atomized theory-free *jingyan* were supposed to be accumulated in a mechanical fashion, and among them there were seen to be no systemic relations. Not surprisingly, Yu Yan's conception of *jingyan* was influenced by Western philosophical empiricism and positivism. In terms of its strategic role in subverting Chinese medical theories, Yu Yan's notion of *jingyan* functions very similarly to the Baconian facts of natural history in overthrowing the system of Aristotelian natural philosophy.²⁴

A series of important consequences followed automatically. First, once this decoupling was taken for granted, Chinese medical theories, which appeared to be incompatible with science and contributed nothing but confusion to Chinese drugs, could be abandoned once and for all without sacrificing the essence of Chinese medicine. Second, Chinese drugs, perceived to be "grass roots and tree barks," that is, raw material of nature, should be handed over to Western-style doctors for scientific research because the scientific value of Chinese drugs could not be verified within the traditional theoretical framework of Chinese medicine. Elsewhere Yu Yan asserted as self-evident

that “national doctors are by no means capable of sorting out *Bencao* (Chinese materia medica).”²⁵

Was Yu Yan right to suggest that Chinese drugs and *jingyan* had no relation at all to Chinese medical theories? Did there exist an “empirical tradition” of Chinese medicine in the pre-Song history? Although Yu Yan’s modernist arguments are still common wisdom for many historians of Chinese medicine, Nathan Sivin was a pioneer in refuting this invented empirical tradition in Chinese drugs therapy.²⁶ Sivin argued,

Every cure had to be integrated into the theoretical structure, in principle at least, before it could be passed down in the literature. Drugs were assigned to functional categories that corresponded to the Five Phases system. Their combined use in prescriptions, their dosage, and the time and conditions of their administration were often either determined by or accounted for by theoretical considerations. The effectiveness of curative agents was explained in terms of action upon the various functional systems of the body.²⁷

Moreover, Yu Yan singled out the *Shennong Bencao* [The divine husbandman’s materia medica], the oldest surviving Chinese materia medica, to be the only classic of Chinese medicine that was “based on real phenomena and immune to the *yin-yang* and *qi*.”²⁸ In sharp contrast Sivin pointed out that even in *Shennong Bencao*, “the drugs were already combined in prescriptions according to their *yin-yang* relations.”²⁹ Sivin, therefore, explicitly rejected the existence of a theory-free pharmaceutical tradition in the pre-Song history of China.³⁰

Even Yu Yan’s Western-trained colleagues recognized the intimate connections among Chinese medical theories, drug prescriptions, and *jingyan*. When Fan Shouyuan (also a vocal critic of Chinese medicine) was challenged for having asserted that Chinese drugs are unrelated to Chinese medical theories, he retreated from his previous position by saying,

Therefore, I think that [Chinese] medicine and [Chinese] drugs are connected, and should be connected. However, in terms of doing research on Chinese drugs and medicine, the most efficient approach is the one which sets up to de-link this [old] connection. As a consequence of our

scientific research, the drugs will be automatically released from the old connections [with Chinese medical theories] and assimilated into new connections.³¹

As revealed by Fan Shouyuan's concession, when he and Yu Yan discussed the relationship between Chinese medical theories, drugs, and *jingyan*, their concern went far beyond either an epistemology or a history of Chinese medicine. They intended to provide a system of vocabularies, concepts, and research agendas that could be used to regulate the current scientific practice as well as shape the future of Chinese medicine. They might also have realized that Chinese medical knowledge does not reside exclusively on the levels of Chinese drugs and pretheory *jingyan*. However, Western-style doctors wanted their contemporaries to treat any valuable elements of Chinese medicine as if they were either raw materials in nature or pretheory *jingyan*, that is, objects for their scientific research.

3. Why Did Chinese Doctors Embrace *Jingyan*?

Thus far I have demonstrated how Yu Yan and other Western-style doctors used the concept of *jingyan* as a tool in a series of strategies against Chinese medicine. Those strategies were reasonable objectives for Western-style doctors. The problem is that in the 1920s and 1930s, Western-style doctors were not the only people advocating these ideas. On the contrary, many Chinese doctors actively promoted the idea that Chinese medicine was based on *jingyan*. How could so many Chinese doctors adopt the same discourse as that which was designed to discredit Chinese medicine?

Initially, many Chinese doctors did resist Yu Yan's opposition between Chinese *jingyan* and Western experiment. Since the late nineteenth century many Chinese doctors had asserted that the realm of Chinese medicine was simply beyond the horizon of materialistic Western medicine, let alone its experimental approach. Because they were unwilling to accept the inferior position implied by this antithesis, Chinese doctors who did see the power of experiment often claimed that Chinese medicine had its own experiments. In 1925, when the Society for Advancement of Education passed the resolution that schools of Chinese medicine should be assimilated into

the national school system, Chinese doctors explicitly stated in their proposal that Chinese medicine had its own experiments.³² In response Yu Yan wrote “A Denunciation of the Proposal for Old-Style Medical Schools” [“Jiuyi Xuexiao Xitongan Boyi”], in which he refuted Chinese doctors’ arguments point by point, especially this claim.³³ Unlike his prior theoretical attack on Chinese medicine, which was ignored by the majority of Chinese doctors, Yu Yan’s “Denunciation” was immediately met with counterattacks and heated debate from Chinese doctors.³⁴ Interestingly, in his lengthy rebuttal Mengsou (a famous conservative Chinese doctor) singled out Yu Yan’s opposition between experiment and *jingyan* to be the one point “most incomprehensible.”³⁵ Another Chinese doctor saw no point in making a clear-cut distinction between *jingyan* and experiment.³⁶ In 1925 the opposition between *jingyan* and experiment was still a subject of contention and Yu Yan was struggling to impose his vision.

As late as the spring of 1929 Yu Yan still strove to convince the Chinese people of the absurdity of Chinese medical theories. In 1928 Yu Yan published his “Construction and Destruction in the Chinese Medical Revolution,” which was the first of a series of his articles that had *medical revolution* in their titles. In that article Yu Yan still advocated “destroying” *yin-yang*, the five *phases*, and the twelve *jing-mai* as well as the “five *zhang* and the six *fu* (visceral systems of function) and the six *qi*.”³⁷ Although Yu Yan had attacked those concepts since he published “A Critique of Divine Pivot and Basic Questions” in 1917, on the eve of the coming confrontation Yu Yan clearly still saw those theoretical concepts as stubbornly opposing the Chinese medical revolution.

This situation changed dramatically on 25 February 1929 when the National Board of Health passed Yu Yan’s famous proposal for abolishing Chinese medicine. As I have described elsewhere,³⁸ to block this resolution, Chinese doctors mobilized a mass demonstration in Shanghai on 17 March. The Chinese doctors’ demonstration was reported to be the most phenomenal mass movement since the chaos of the warlord period. Inside the assembly hall a pair of giant posters hung on the wall: “Advocate Chinese medicine to prevent cultural invasion” and “Advocate Chinese drugs to prevent economic invasion.”³⁹ In the height of nationalist sentiments, Chinese doctors subscribed to the rhetoric of cultural nationalism.⁴⁰ On the last day

of their protest, on behalf of the urgently established National Federation of the Medical and Pharmaceutical Associations, Chinese doctors published their petition in all the major national newspapers. Part of the petition read,

Chinese medicine does have excellent curative efficacy. Unfortunately, because the theories [of Chinese medicine] are incompatible with science, the international scholarly community does not believe in Chinese medicine. Nevertheless, this is precisely the way that medicine originates: people first recognize the curative efficacy from their *jingyan* and then try to explain the effects with [theoretical] ideas. Although the resulting medicine might appear philosophical and speculative, its curative efficacy is genuine.⁴¹

Western-style doctors almost could not believe their eyes. Quoting word-for-word from this petition, Wang Qizhang (?–1955), a major critic of Chinese medicine, could not help bursting with excitement: “Alas! The above is precisely what we have been longing to hear from the practitioners of the Old-style Medicine—the ideas that we have endeavored to popularize, the very principles on which our government is currently reforming the situation [of Old-style Medicine], and the reasons that the National Board of Health passed the resolution to abolish Old-style Medicine.”⁴² Wang Qizhang did not exaggerate the case. If one glances at the Western-style doctors’ voluminous and often repetitive medical critiques of Chinese medicine, one will recognize that this important petition reads almost like a paraphrase of Yu Yan’s arguments against Chinese medicine. Since this was also the first time in history that Chinese doctors had succeeded in organizing their own national federation, this petition represented their collective, official opinion about the nature of their own practice. In this sense, while Chinese doctors succeeded in mobilizing the National Medicine Movement and tabled Yu Yan’s proposal, they also made a grand strategic retreat in their ideological campaign. After the events of the spring of 1929, Yu Yan’s vision of Chinese medicine was generally accepted by both medical modernizers and advocates of the National Medicine Movement. Therefore, while no one knew for sure if Chinese medicine was correctly characterized this way, this petition made it clear that from then on the two groups of doctors would have to compete in a new “epistemological” platform set up by the medical modernizers.

Chinese doctors had no better choice than to embrace the *jingyan*-centered characterization. At that time their deeply entrenched concepts—*yin-yang*, the five *phases*, and *qi*—had been coded as the opposite of science. As Zhao Hongjun correctly points out, from the end of the nineteenth century there existed a prevalent attitude against *yin-yang* and the five *phases* in every aspect of traditional Chinese culture. Long before the 1920s, progressive intellectuals had already reached the consensus that *yin-yang* and the five *phases* were mysterious and should be abandoned once and for all. Precisely because of this scientism-dominated cultural context Yu Yan dared to assert, “If anyone is half-hearted about abandoning those absurd ideas, I am not interested in talking with him.”⁴³ By no means did Yu Yan start this trend, not even in the field of Chinese medicine. When the struggle under consideration took shape in the mid-1920s, there was no serious debate between medical modernizers and Chinese doctors on this issue.⁴⁴ Therefore Chinese doctors had two mutually exclusive options: (1) defending *yin-yang* and the five *phases*, a stance that was generally perceived to be antiscience, and (2) denouncing *yin-yang* and the five *phases* and claiming that the real essence of Chinese medicine was not its medical theories but its drugs and theory-free *jingyan*. After the spring of 1929 the mainstream of Chinese doctors—those most active in organizing their professional association and recruiting the KMT state support—adopted the latter strategy and committed themselves to scientizing Chinese medicine.

The most salient example of the latter strategy may be found in the Chinese doctor Chen Cunren. Chen was definitely one of the central figures of the National Medicine Movement; he not only instigated the 17 March demonstration but also carried the Chinese doctors’ petition to the KMT’s national conference. After Yu Yan’s proposal was blocked, the Ministry of Health invited Chen to serve as a consultant. More than a political activist, in 1935 Chen published the product of ten years of his labor: *The Dictionary of Chinese Materia Medica [Zhongguo Yaoxue Dacidian]*,⁴⁵ which even Western-trained scientists considered to be a masterpiece.⁴⁶ The first sentence of Chen’s preface reads, “Chinese medicine originated from the thousands of years’ accumulation of *jingyan*.”⁴⁷ In his editorial notes Chen explicitly stated his principles of editing: “This dictionary emphasizes practical theory over speculation. The metaphysical theories of the five *phases*, which have been

established since the Jing and Yuan dynasties, are treated absolutely as an obstacle to [the development of] Chinese materia medica. I tried my best to get rid of them.”⁴⁸ Clearly, Yu Yan’s concept of *jingyan* allowed Chinese doctors such as Chen to defend the value of Chinese medicine while distancing themselves from the allegedly unscientific Chinese medical theories. In this sense it is hard to tell if Chinese doctors such as Chen Cunren were voluntarily or involuntarily adopting the latter strategy in their March demonstration. On one hand, they seemed to have been voluntarily adopting the strategy, because they continued actively advocating this view afterward. On the other hand, it is also crucial to point out that Chinese doctors were forced to accept the latter strategy because the two exclusive options were strategically set up by Western-style doctors from the outset. Chinese doctors had struggled to avoid choosing between these two options until Western-style doctors exercised the state administrative power to suppress them. In the final analysis, the strategy of the dominated was also the result of domination.

4. Experience vs. Experiment

What were the consequences of Chinese doctors’ openly embracing the *jingyan*-centered characterization of Chinese medicine after the events of 1929? As revealed by the striking conformity between Yu Yan’s and Chen Cunren’s comments, after 1929 both groups of doctors agreed on the importance of investigating the real “essence” of Chinese medicine: Chinese drugs and Chinese doctors’ *jingyan*. In fact, what Yu Yan called Scientific Research of Nationally Produced Drugs was one of only two possible constructive projects of this medical revolution. Therefore what was at stake after 1929 was no longer the correct characterization of Chinese medicine but, rather, the specific approach to conducting research on Chinese drugs. In other words, the problems were (1) how to scientifically investigate Chinese drugs and Chinese doctors’ *jingyan* and (2) what the role of Chinese doctors should be in conducting this research.

What helped Chinese doctors to claim a substantial role in scientific research on Chinese drugs was the notion of *renti jingyan*, that is, experience with the human body. This new conception of *jingyan* was made famous

by the Japanese Huanghan (Japanese-Chinese) school medical doctor Yumoto Kyushin. Opposing Eastern medical *jingyan* with the human body to Western experimentation on animals, Yumoto Kyushin, a formally trained practitioner of Western medicine, argued that *jingyan* with the human body was the real foundation of medicine.

Kyushin's conception of *renti jingyan* was immediately appropriated both by Chinese doctors and by supporters of the National Medicine Movement. They advocated the opposition between the two medicines as one between *renti jingyan* (experience with the human body) and *dongwu shiyan* (animal experiments). Because Chinese medicine was built on its experience with the human body, they argued, it is more appropriate than Western medicine, which was built on animals. Chen Guofu, an enthusiastic advocate of Chinese medicine and a KMT ideologist, also appealed to the concept of *renti jingyan*. Chen argued, "The Western pharmacologists always tested their drugs with animals, and then put the drugs into clinical use on humans. In order to study the efficacy of drugs, Chinese had experimented on 'humans' for thousands of years. Why do those precious *jingyan* (experiences) accumulated for thousands of years not count?"⁴⁹

To refute the concept of *renti jingyan*, Yu Yan wrote a lengthy critique on Yumoto Kyushin. Yu argued that because Chinese medicine is ultimately based on *jingyan* rather than on correct medical theories, traditional Chinese doctors unavoidably had access only to *dangran* (what should be the case) with drugs, without any knowledge of *suoyiran* (the real reasons why those drugs work). Basing their medical knowledge on *jingyan*, Chinese doctors were necessarily constrained by the complicated and chaotic phenomenal world in which they gained *jingyan*. They might have been able to detect certain regularities from *jingyan*, but they could not know the true causal mechanism underneath those experiential regularities. True knowledge, namely the underlying causal mechanism, resides in a deeper level of the material world that only experiments can make accessible to researchers.

To elaborate on his point, Yu Yan adopted the example of a free fall, referring to the celebrated experiments in the Western scientific revolution. For people who believe in *jingyan*, Yu argued, nothing could be more certain than the fact that if we drop a coin and a feather simultaneously, the coin will hit the ground sooner than the feather. Based on this supposedly

certain *jingyan*, one moves on to derive the theoretical explanation for this phenomenon. However, when scientists investigate the phenomenon of free fall, they conduct the experiment with an air pump. In the air-free chamber of the laboratory, the coin and feather will hit the ground at the same time. With the help of this experiment, scientists realize that the previous *jingyan* involves another unaccounted-for factor: air resistance. The factor of air resistance is simply beyond the study of those who base their knowledge exclusively on *jingyan*. Therefore, Yu concluded,

Jingyan is intuitive. . . . From *jingyan*, we can only study complicated and mixed natural phenomena. We will never be able to analyze those [compounded] natural phenomena and observe how every constituent factor functions by itself. . . . In other words, in the field of physics, *jingyan* only offers us access to compound forces but not constituent forces. In the field of chemistry, *jingyan* only provides us with ready-made chemical compounds. We can never go further to study what are the constituent elements of those natural compounds and how they could be artificially synthesized. Therefore, if we ground our knowledge exclusively on *jingyan*, we can only appropriate what is already there in the natural world that was discovered by human instincts.⁵⁰

Inasmuch as *jingyan* is incomplete, unreliable, and complicated by nature, Yu Yan argued, the appropriate research procedure should go from *jingyan* to experiment and then to theoretical explanation. Without the help of scientific experimentation, *jingyan* could never lead to an understanding of why certain drugs do work. As a result, beyond offering their *jingyan* for research, from Yu Yan's point of view, Chinese doctors really had no role in the program of Scientific Research on Nationally Produced Drugs.

Moreover, to Yu Yan, Chinese doctors were ethically wrong to learn about drugs through *renti jingyan*. Yu Yan argued,

By way of their instinctual behavior, human beings discovered the [efficacy of] drugs accidentally. . . . However, in the beginning when doctors had no clear idea about the properties of drugs, they must have caused damage to a lot of people. . . . Some [Chinese] doctors treated their patients as guinea pigs and victimized numerous human beings. Therefore,

the saying goes: *xue-yi-fei-ren* (one learns medicine through wasting human lives). However, those imprudent doctors tended to become famous because they had more chances to encounter novel *jingyan* and accidental discoveries than did cautious doctors.⁵¹

All of a sudden the traditional ways of gaining *jingyan* and treating illness appeared to be acts of cruelty. To advance this barbaric image of Chinese medicine, Western-style doctors made famous the saying *xue-yi-fei-ren* and accused Chinese doctors of learning medicine through wasting human lives. Instead, Western-style doctors emphasized that only Western-style animal experiments could appropriately and ethically verify the curative efficacy of Chinese drugs.

To summarize, the opposition between *jingyan* and experiment justified a social division of intellectual labor between Chinese doctors and Western-style doctors. While embodying thousands of years of *jingyan*, Chinese doctors were not qualified to do “scientific” research on Chinese drugs and would be perceived to be unethical if they continued learning medicine by way of *renti jingyan*. Although there was a national consensus on investigating Chinese drugs and while the Academia Sinica had decided to establish a Chinese Drugs Research Institute, Chinese doctors really had nothing to celebrate. On the other hand, without any training in Chinese medicine, Western-style doctors had enjoyed a legitimate monopoly over the means of producing knowledge. The lack of knowledge among the Western-style doctors did not matter, since now even Chinese doctors themselves agreed that Chinese medical theories were completely irrelevant to Chinese drugs. Therefore it became self-evident that “only scientists can scientifically study Chinese drugs.”⁵²

5. Disembodying Experience

Instead of passively accepting Yu Yan’s conception of *jingyan*, after the 1929 confrontation many Chinese doctors actively appropriated the notion of *jingyan* to support their projects of reforming Chinese medicine. As these Chinese doctors endeavored to “put in order” the *jingyan* of Chinese

medicine, they found that they had to renegotiate the very notion of *jingyan* to make it serve as the basis of Chinese medicine.

No one could be more exposed to this paradox than the reform-minded Chinese doctor Lu Yuanlei (1894–1955). When the semiofficial Institute of National Medicine (Guoyi Guan) was established by the KMT state in 1931, the first article of its constitution read, “This institute has the objective of choosing scientific methods to put in order Chinese medicine and pharmacy, improve treatment of disease, and improve methods of manufacturing drugs.”⁵³ Based on this article, a year later the Institute of National Medicine entrusted Lu Yuanlei to draft “The Proposal for Sorting out Chinese Medical and Pharmaceutical Learning” [“Ni Guoyiyao Xueshu Zhengli Dagang Caoan”].⁵⁴ To ensure his vision of scientizing Chinese medicine, Lu Yuanlei insisted on first establishing five preconditions for the proposal. One precondition postulated a crucial division between *minglun* (nomenclature and theory) and *fangfa* (method) in Chinese medicine. According to Lu, in terms of Chinese medical texts, the medical canons (*yijing*) belong to *minglun*, and both canonical formulas (*jingfang*) and Chinese materia medica (*bencao*) belong to *fangfa*.⁵⁵ Most interestingly, Lu explicitly pointed out that “Chinese doctors had never mentioned any similar division between *minglun* and *fangfa* in Chinese medicine. For the sake of elaboration, I invented [this division].”

While Lu admitted that it was an invented division, he did not hesitate to suggest adopting distinctively different approaches to *minglun* and *fangfa*. He emphasized that “to put in order [Chinese medicine], the *minglun* have to be substantially changed. With regard to *fangfa*, we only need to verify which ones were more certain and effective.”⁵⁶ Then Lu Yuanlei concluded,

In terms of the current project of reorganizing National Medicine, what we wanted to find was scientific explanation for the *fangfa* which had already been verified in *jingyan* (experience). The *fangfa* which was demonstrated efficacious in *jingyan* was also an object in the natural world. We use the known scientific principles to understand the cause of these phenomena and create new scientific knowledge.⁵⁷

Lu Yuanlei had largely accepted Yu Yan’s *jingyan*-based characterization of Chinese medicine discussed in the preceding sections. For him a

substantial part of scientizing Chinese medicine meant transforming Chinese medicine into a set of research objects for the Western-style doctors and scientists. In the very process of converting Chinese medicine into objects of scientific research, Lu Yuanlei as well as many other Chinese doctors had instituted a previously nonexistent split between Chinese medical theories and practice.

During the time that the Institute of National Medicine released Lu Yuanlei's proposal for public comments, Chinese doctors scrutinized every detail of the reform project. Revealingly, almost none of them took issue with the newly invented division. Later, when the Institute of National Medicine promulgated its official proposal, among Lu Yuanlei's five preconditions only this division survived. Agreeing with Lu's draft, the official proposal treated *minglun* and *fangfa* as categorically different. It is fair to say that by this time this radical division between Chinese medical theory and practice had become common sense for Chinese doctors.

Paradoxically, almost every Chinese doctor knew very well that in practice it was very difficult, if not impossible, to disentangle *jingyan* from the so-called Chinese medical theories. Tan Cizhong (1897–1955), another enthusiastic advocate of scientizing Chinese medicine, also asserted that Chinese medicine could be appropriately separated into three branches: metaphysical theories, *jingyan*, and drugs.⁵⁸ However, at the same time Tan emphasized the entwining nature of *jingyan* and the so-called metaphysical theories in the clinical practice of symptom differentiation and the therapeutic treatments.⁵⁹ Tan argued that “the concepts of *blood, qi, yin yang, depletion repletion, exterior interior, branch root, dryness wetness, wind phlegm* do not belong to metaphysical theories but rather illness symptoms.”⁶⁰ In this sense Tan's conception of *jingyan* was inseparable from the allegedly metaphysical concepts of *yin-yang, qi, blood*, and so forth.

Tan Cizhong's revised conception of *jingyan* allowed him to create a positive role for *jingyan* as well as for Chinese doctors. To highlight the heuristic value of *jingyan* in conducting scientific research on Chinese drugs, Tan Cizhong submitted to the Academia Sinica an essay titled “Pharmaceutical Experiments Should Not Ignore Experience.”⁶¹ Moreover, in his public letter to Yu Yan, Tan Cizhong argued that if Western-style doctors really

wanted to comprehend the Chinese medical *jingyan*, they had to personally embody this experience.⁶²

Tan Cizhong had finally touched on the characteristic dimension of the contemporary conception of *jingyan*, that is, experience as embodied skill. Curiously, these bodily, inarticulate, and even personal connotations of *jingyan* thus far had been completely left out of the discussion. When Yu Yan, Lu Yuanlei, Tan Cizhong, and many other Chinese doctors discussed *jingyan* in Chinese medicine, they almost always referred to the formulas of drug prescriptions. In sharp contrast, when contemporary historical studies examine the role of *jingyan* in practicing Chinese medicine in premodern China, they build their argument on the basis of medical case histories (*yian*), a genre of medical text emerging in the Ming dynasty.⁶³ Apparently, Chinese doctors' conception of *jingyan* in the 1930s substantially deviated from the premodern idea suggested by contemporary scholarship.

This strong preference for articulated, impersonal medical knowledge was part of the struggle under investigation. Even before the struggle took place in the late 1920s, Westerners had ridiculed Chinese medicine for being “unteachable.” Liang Qichao, arguably the most important intellectual at the end of the Qing dynasty, once commented, “With regard to [Chinese] medicine, I do not dare to suggest that there have not been any discoveries in the history of China. Rather, I believe that there did exist some excellent doctors. However, they [those renowned masters] simply could not pass on [their knowledge] to other people.”⁶⁴ Pondering Liang Qichao's comment, Yun Tiejiao (1878–1935), the famous reformer of Chinese medicine, stated,

If the medicine is really excellent, there is no reason that it can not be taught to other people. It must be the case that what is comprehended by one's own mind is not comprehensible to other people. Therefore, the medical doctrine is not passed on. *If that is the case, [Chinese medicine is not teachable] not because its skill is too subtle to articulate into words.* Rather, it is because the theories of Chinese medicine are not completely comprehensible. . . . [The medical theory] that I want to pursue is the one that can be completely comprehensible to myself as well as to other people.⁶⁵

Rather than valorizing the subtlety of Chinese medicine, Yun Tiejiao saw its “unteachability” as a crucial weakness of Chinese medical theories. In his critical review of Yun’s book, Yu Yan singled out this statement as a sign that Yun Tiejiao’s reform effort had been moved onto the right track. In Yu Yan’s words, now Yun realized “a theory must be incorrect if it can not be comprehensible to oneself as well as to other people.”⁶⁶ As revealed by this exchange, both Yu Yan and Yun Tiejiao were very concerned about the intersubjectivity of medical knowledge. More importantly, for them the intersubjectivity of medical knowledge was secured precisely by guarding against anything that in principle cannot be articulated, including the personal, embodied *jingyan*.

The emphasis on articulate, intersubjective medical knowledge revealed itself most clearly in the changing meaning of the traditional idiom *yizhe yiye*,⁶⁷ that is, medicine is about ideas. Although this idiom first appeared in the Han dynasty, the contemporary doctors often cited the following conversation that took place in the Sung dynasty: “Xu Yinzong is good at medicine. Some people encourage him to write a book. Yinzong says: Medicine is about ideas. What I comprehend is impossible to spell out in words.”⁶⁸ Here Dr. Xu highlights a tension between the medical principle that he comprehended and the possibility of articulating this comprehension. This tension arises because practicing medicine always involves a creative element, *yi* (idea), which is difficult to express in words. During the period under discussion, however, both Western-style doctors and Chinese doctors took this idiom as evidence that Chinese medical theory was incorrect and its methodology was entirely subjective.⁶⁹

In this context it was no wonder that while Chinese doctors generally shied away from this negative connotation of embodied *jingyan*, Yu Yan was keen to call attention to it. Comparing Chinese doctors to seasoned helmsmen, Yu Yan suggested,

When Chinese doctors prescribe drugs, they rely completely on *jingyan*. . . . For example, our countrymen make a living as helmsmen. On a small boat, sailing to the distant oceans, [they] find that the sky and the ocean merge into one. However, glancing at the water, the “experienced” captain immediately recognizes where he is. Noticing a piece of cloud, he

realizes how many hours have passed, what will be the direction of the wind, whether it is going to rain or snow. Their predictions are always correct. . . . They are illiterate, never learn astronomy or geography. Their knowledge all comes from *jingyan*. That is also the way Chinese doctors learn to prescribe drugs.⁷⁰

Having quoted Yu Yan at length, I want to make sure that I have not overinterpreted him. The *jingyan* in the above paragraph is distinctively different from the constant trajectory of natural phenomena. The experienced helmsman cannot say anything in general because his *jingyan* is bound to the concrete, ever-changing situations.

This kind of embodied experience might be free from any theoretical framework, but its transmission is destined to be difficult. Inasmuch as the possessors of this specific kind of *jingyan* cannot articulate their concrete judgment into a generalizable statement, anyone who wants to learn this *jingyan* has to embody the knowledge him- or herself through practice. As a reform-minded Chinese doctor admitted, “it is fair that Yu Yan compared a Chinese doctor to a seasoned helmsman” because when a Chinese doctor mastered the medical art, “even though he feels everything to be crystal clear, he is still unable to make it comprehensible to other people.”⁷¹ Therefore, no Chinese doctor would be able to hand over his embodied *jingyan* to scientists for research, even if he truly wanted to. More importantly, in learning about embodied experience, Western-style doctors had to submit, at least for the time being, to the authority of a Chinese medical master and undergo a self-transformation. As always, Yu Yan was quick to detect a political strategy in this conception of embodied *jingyan*: “Mr. Liu suggests, ‘One cannot comprehend Chinese medicine unless a medical master gave him or her in person both verbal instruction and bodily demonstration.’ This is in fact a new strategy developed by national doctors to maintain their closed-door policy and deny the possibility of scientific research [on Chinese *jingyan*].”⁷² As Yu Yan rightly recognized, while the concept of embodied experience made Chinese medicine appear subjective and personal, at the same time it obstructed anyone who wanted to learn from its possessors, those being Chinese doctors. Embodied experience, like many other notions of *jingyan*,

functions as a two-edged sword that could be appropriated by proponents of both Western and Chinese medicine.

In appropriating *jingyan* as a political tool, however, Yu Yan had built two conflicting views into his concept of *jingyan*. In sharp contrast with the seasoned helmsman's embodied experience, as I pointed out in section 2, elsewhere Yu Yan conceived of *jingyan* in a way very similar to the Baconian atomized facts of natural history. For example, he once defined *jingyan* as "the unfolding of certain phenomena which follows a regular course."⁷³ Inasmuch as *jingyan* is observable, constant paths of natural phenomena, there is no subtlety involved in either recognizing or articulating those constant paths.

These two conceptions of *jingyan* differed in two crucial respects: first, in the length of time required to transfer knowledge and, second, in the appropriate process of learning knowledge. If *jingyan* is explicitly articulated knowledge, such as *jingyanfang*, it can be quickly handed over to Western-style doctors. In contrast, if *jingyan* is embodied skill or personal knowledge, Western-style doctors must spend a long time mastering it. To argue that *jingyan* is much less reliable than experiment, Yu Yan frequently invoked the complexity, instability, and embodied nature of *jingyan*. Yu, at the same time, treated *jingyan* as if it were a formalized statement of knowledge. To a very large degree, when Yu Yan invoked a "constant path of natural phenomena," he revitalized the traditional meaning of *jingyan* associated with *jingyanfang*.

Therefore, Western-style doctors could go both ways with the concept of *jingyan*: it is certain, communicable, and public like the Chinese *jingyanfang*; it is also unreliable, complicated, and private like the empiricist notion of experience. While the empiricist notion of experience allowed Western-style doctors to achieve a series of strategic objectives in their struggle against Chinese doctors, the Chinese notion of *jingyan* helped Western-style doctors to marginalize Chinese doctors in their research on Chinese drugs. Neither of the two was dispensable to Western-style doctors. Since Chinese doctors' *jingyan* could be handed over to Western-style doctors like a statement, Western-style doctors could easily take advantage of Chinese doctors' *jingyan* without "experiencing their experience."⁷⁴

6. Conclusion: What is Experience?

The question raised in this article, “How did Chinese medicine become experiential?” appears not to have been answered herein largely because in many ways it defies a straightforward answer.⁷⁵ First, the *jingyan* concept incorporated numerous incongruent and somewhat contradictory connotations; thus it is difficult to offer a coherent answer to the question proposed. Second, the real “foundation” of Chinese medicine remains a contentious issue, since some Chinese medical practitioners still dispute the notion that Chinese medicine is merely an accumulation of atomized experiences. Third, focusing on epistemological debates, this article does not evaluate how deeply the restructuring of Chinese medicine actually penetrated into clinical practice owing to this epistemological event in the 1930s. In light of these three concerns, my title should be revised to “Why Is Chinese Medicine Viewed As Experiential?” Restated, how did Chinese medicine incorporate a new epistemology?

As is well known, a substantial gap always exists between epistemology and the actual practice of science. Because of this seemingly unbridgeable discrepancy, Steven Shapin suggested that scientific methodology and epistemology function very similarly to a “myth.” However, that same author emphasized that “a practice without an attendant myth is likely to be weak, hard to justify, hard even to make visible as a distinct kind of activity.”⁷⁶ Functioning as a myth, in the 1930s the discourse of *jingyan* helped create a badly needed identity for Chinese medicine, which was in marked contrast to hegemonic Western biomedicine.

The discourse of *jingyan* in China did not emerge as an isolated event in modern world history. With the ascension of Western medicine to a scientific discipline practiced worldwide during the latter half of the nineteenth century, non-Western, local medical traditions faced the similar challenge of carving out an autonomous niche from the medical universe increasingly dominated by biomedicine.⁷⁷ Throughout the historic processes of mass extinction, local resistance, and for the survivors, radical reconfiguration, advocates of local medical traditions engaged in what Thomas Gieryn referred to as “boundary work.”⁷⁸ In doing so, advocates of local medical traditions created numerous strategies to delineate a relatively autonomous space for

their indigenous medical practices. The strategic uses of *jingyan* in China in the 1930s reflected just one of many such efforts, which are simultaneously a political negotiation, epistemological formation, boundary-drawing work, and construction of professional identity—all of which are in marked contrast to Western biomedicine and the related positivist theory of knowledge. Consequently, *jingyan* concerns itself more with the power relationship between two medicines than an accurate representation of Chinese medical practice.

A closer examination of the meanings of *jingyan* reveals irreconcilable conflicts among its many connotations. Yu Yan's articulation of *jingyan* appears to be the most salient example. Although contradictory uses of a single concept would be illogical, any social activity is logical only to extent of its practicality. In practice, *jingyan* focuses mainly on drawing boundaries for two parties involved in a medical-political struggle. Characterized by its function in a political settlement, the incoherent and heterogeneous nature of *jingyan* is its distinctive strength. Owing to its obscurity, *jingyan* allows individuals to implement it in distinctively different ways and to create contradictory connotations while still sharing a common myth.

Jingyan continues to evolve, since myth creation is a never-ending process. During Mao Zedong's Great Leap Forward in the 1960s, the communists justified the promotion of Chinese medicine as a means of glorifying the "medical legacy of the Motherland." To liberate Chinese medicine from the despised "feudal society," the communists emphasized Chinese medicine's foundation on the *jingyan* of the proletariat class.⁷⁹ In the 1980s Farquhar suggested that the discourse of *jingyan* realigned itself with the Marxist concept of practice and took on a positive role as a self-transforming activity.⁸⁰ As the *jingyan* concept continuously evolves with changing political-medical situations, attempting to define it on the basis of epistemology would be counterproductive. Most importantly, the history presented herein clearly indicates that the *jingyan* concept cannot be used as an effective analytic tool in an attempt to understand the actual practice of Chinese medicine. This concept reveals more about Chinese medicine's self-positioning toward Western medicine than about Chinese medicine itself. In contrast, any attempt to understand Chinese medicine requires critical awareness of the political epistemology of a concept such as *jingyan* whose hegemonic effects

endure precisely because they were strategically planned and organized. Before scholars and medical practitioners develop concepts more appropriate in describing the practice of Chinese medicine, we have no choice but to live with the concept of experience, a concept that Hans-George Gadamer characterizes in *Truth and Method* as “one of the most obscure (concepts) that we have.”⁸¹

Notes

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- 1 Nathan Sivin, “Text and Experience in Classical Chinese Medicine,” in *Knowledge and the Scholarly Medical Traditions*, ed. Don Bates (Cambridge: Cambridge University Press, 1995), 177–204; Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (San Francisco: Westview Press, 1994); Marta E. Hanson, “Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the Seventeenth to the Nineteenth Centuries,” (Ph.D. diss., University of Pennsylvania, 1997), esp. 220–272; Charlotte Furth, “A Doctor’s Practice: Narratives of the Clinical Encounter in Late Ming Yangzhou” (paper presented at the Conference of Case Histories at the University of California, Los Angeles, 1998); Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge: Cambridge University Press, 1999).
- 2 Judith Farquhar, “Problems of Knowledge in Contemporary Chinese Medical Discourse,” *Social Sciences and Medicine* 20, no. 12 (1987): 1013–1021, esp. 1015.
- 3 For a systematic investigation on the problematic nature of translation, see Lydia Liu, *Translingual Practice: Literature, National Culture, and Translated Modernity, China, 1900–1937* (Stanford: Stanford University Press, 1995), esp. 36–39.
- 4 Bao Boying, “Zhenxing Zhongyi zhongyao zhi Chuyi” [Preliminary comments on reviving Chinese medicine and Chinese drugs], *Yixue Zazhi* [Medicine magazine], no. 4 (1919): 73–78, esp. 75–76. A very similar differentiation was suggested in Zhang Zhisun, “Qudi Yisheng

Shuo” [On regulating medical doctors], *Zhongxi Yixue Bao* [Chinese-Western medical journal] 10 (1911): 7–10, esp. 9.

- 5 Yu Jianquan, “Zhongxi Yiyaoxue zhi Biaomian Guan” [A superficial view on Chinese and Western medicine], *Sansan Yibao* [Three three medical news] 1, no. 33 (1924): 1–4, esp. 2.
- 6 I would like to clarify from the outset what I mean by *Western-style doctor* and *Chinese doctor*. For the sake of argument, *Western-style doctors* refers to the Chinese nationals who were educated in Western-style medical schools, either in China or overseas. What I call Western-style doctors does not include foreigners and medical missionaries. Besides, the majority of Western-style doctors who studied abroad went to Japan. It is more difficult to define the group of Chinese doctors. First, before 1929 there did not exist any national association for the practitioners of Chinese medicine. Second, because systematic and standardized medical curricula for students of Chinese medicine had just started, at the time under discussion the barrier of entry amounted to nothing. Therefore, the term *Chinese doctors* broadly refers to the physicians who practiced traditional Chinese medicine and lacked formal medical training in Western medicine. Finally, it is very important to emphasize that by no means do I suggest either Chinese doctors or Western-style doctors constituted a homogeneous and formally organized medical group in the 1930s. On the contrary, I would argue that group formation was the hard-won result of the struggle under investigation. Concerning the historical process of group formation, see Sean Hsiang-lin Lei, “When Chinese Medicine Encountered the State: Medical Group Formation, Field of the State, and the Making of National Medicine” (manuscript).
- 7 See Sean Hsiang-lin Lei, “When Chinese Medicine Encountered the State, 1910–1949” (Ph.D. diss., University of Chicago, 1999). For important works written in Chinese about this history, see Zhao Hongjun, *Jindai Zhongxiyi Lunzheng Shi* [Chinese versus Western medicine: A history of their relations in the twentieth century] (Hebei: Hebei Branch of the Society for Research on Synthesis of Chinese and Western Medicine, 1983); Deng Tietao, ed., *Zhongyi Jindai Shi* [Modern history of Chinese medicine] (Guangdong: Guangdong Higher Education Press, 1999).
- 8 See Ludwig Wittgenstein, *The Blue and Brown Books* (New York: Harper and Row, 1958), 67, 69.
- 9 A similar point was made by Lydia Liu; see *Translingual Practice*, 40–41.
- 10 Qian Xingzhong, *Zhongguo Chuantong Yiyaoxue Fazhan yu Xianzhuang* [The progress and present situation of traditional Chinese medicine] (Taipei: Qingchun Press, 1995), 43. Qian Xingzhong was the communist government’s former minister of health.
- 11 Concerning the question of why Western-style doctors bothered to differentiate Chinese drugs from Chinese medicine in general, see Sean Hsiang-lin Lei, “From Changshan to a New Anti-Malarial Drug: Re-Networking Chinese Drugs and Excluding Chinese Doctors,” *Social Studies of Science* 29 (June 1999): 323–358.

- 12 This article can be found in his *Yixue Geming Lunwenxuan* [Collected essays on medical revolution] (Shanghai: Shehui Yibao Press, 1928; rpt, Taipei: Yiwen Press, 1976), 29–46.
- 13 Yu Yan, “Kexue de Guochan Yaowu Yanjiu zhi Diyibu,” in *Yixue Geming Lunwenxuan*, 31–33. Yu Yan addressed the same problem in “Woguo Yixue Geming zhi Jianshe yu Pohuai” [Construction and destruction in the Chinese medical revolution], *Yiyao Pinglun* [Medical review] (1930): 10–26, and in *Zhongxi Yiyao* [Journal of the medical research society of China] 2 (1936): 164–178.
- 14 Yu Yan, “Kexue de Guochan Yaowu Yanjiu zhi Diyibu,” in *Yixue Geming Lunwenxuan*, 33.
- 15 Yu Yan, “Preliminary Comments on Studying Nationally Produced Drugs,” in *Yixue geming lunwenxuan* [Collected essays on medical revolution] (Taipei: Yiwen Press, 1976) 47–58, esp. 50–51.
- 16 Yu Yan, “Woguo Yixue Geming zhi Jianshe yu Pohuai,” *Zhongxi Yiyao*, 164–178, esp. 168.
- 17 Yu Yan, “Preliminary Comments on Studying Nationally Produced Drugs,” 51.
- 18 Yu Yan, “Kexue de Guochan Yaowu Yanjiu zhi Diyibu,” in *Yixue Geming Lunwenxuan*, 35.
- 19 Joseph Needham, “Medicine and Chinese Culture” and “China and the Origin of Qualifying Medical Examinations,” in *Clerks and Craftsmen in China and the West: Lectures and Addresses on the History of Science and Technology* (Cambridge: Cambridge University Press, 1970); Li Jingwei, “Beisong Huangdi yu Yixue” [The North-Song emperors and medicine], *China Historical Materials of Science and Technology* 10, no. 3 (1989): 3–19.
- 20 See Robert Hymes, “Not Quite Gentlemen? Doctors in Song and Yuan,” *Chinese Science* 8 (1987): 9–76; Chen Yuan-Peng, “Ju-i of the Sung Dynasty, with Comment on Robert P. Hymes’ ‘Doctors in Sung and Yuan,’” *Xin Shixue* [New historiography] 6, no. 1 (1995): 179–201.
- 21 Yu Yan’s private letter to Tan Cizhong (a Chinese doctor). See Tan Cizhong, *Yixue Geming Lunzhan* [The polemic of medical revolution] (1931; 4th ed., Hong Kong: Qiushi Press, 1952), 58–61, esp. 59.
- 22 For example, the *Journal of the Medical Research Society of China* solicited contributions on the “experience of drugs” (*yaowujingyan*). See *Journal of the Medical Research Society of China* 2 (1936): 160–161.
- 23 Shanxi Zhongyi Gaijin Yanjiuhui, *Shencha Zhenji Yanfang* [Collection and examination of the confirmed prescriptions] (Taiyuan: Shanxi Zhongyi Gaijing Yanjiuhui, 1933), 1:5.
- 24 See Lorraine Daston, “Baconian Facts, Academic Civility, and the Prehistory of Objectivity,” in *Rethinking Objectivity*, ed. Allan Megill (Durham, N.C.: Duke University Press, 1994), 37–63.
- 25 Yu Yan, “Du Guoyiguan Zhengli Xueshu Caoan zhi Wojian” [My opinion on the proposal for sorting out Chinese medicine as issued by the Institute of National Medicine], *Zhongxi Yiyao* 2 (1936): 178–192, esp. 190.
- 26 William C. Cooper and Nathan Sivin conclude that “there was no such thing in Chinese drug therapy as an empirical tradition based on pharmacological properties alone.” See “Man As a

- Medicine: Pharmacological and Ritual Aspects of Traditional Therapy Using Drugs Derived from the Human Body,” in *Chinese Science: Exploration of an Ancient Tradition*, ed. Shigeru Nakayama and Nathan Sivin (Cambridge: MIT Press, 1973), 203–272, esp. 206.
- 27 Nathan Sivin, preface to *Chinese Science*, xi–xxxvi, esp. xx–xxi.
- 28 Yu Yan, *Yixue Geming Lunwenxuan* (1928), 374.
- 29 See Nathan Sivin, “Essay Review on Paul U. Unschuld, ‘Medicine in China, a History of Pharmaceutics, and Nan-Ching: The Classics of Difficult Issues,’” *ISIS* 81 (1990): 722–31, esp. 727.
- 30 *Ibid.*, 727.
- 31 See Fan Shouyuan, *Fanshi Yilunji* [Mr. Fan’s collected essays on medicine] (Shanghai: Jiujiu Medical Society, 1947), 286.
- 32 *Zhongyi Qingqiu Jiaru Xuexiaoxitong zhi Wenjian* [The documents on assimilating Chinese medicine into the school system], *Zhonghua Yixue Zazhi* [Chinese medical journal] 12, no. 1 (1926): 73–80, esp. 74.
- 33 Yu Yan, “Jiuyi Xuexiao Xitongan Boyi,” *Zhonghua Yixue Zazhi* 12, no. (1926): 5–12.
- 34 For example, in the *Three Three Medical News*, five articles were devoted to criticizing Yu Yan’s paper. See *Sansan Yibao* 3, nos. 10, 11 (1926).
- 35 See Mengsou, “Bo Yuyanshi Zhongyi Buneng Lieru Xitongyi” [A denouncement of Yu Yan’s rejection of assimilating Chinese medicine into the medical school system], *Annals of the Medical Profession*, nos. 5–7 (1926), esp. no. 6 (1926): 3.
- 36 Sun Yunan, “Jiuyixiao Xitongan Buoyi zhi Buoyi” [A denouncement of Yu Yan’s rejection of assimilating Chinese medicine into the medical school system], *Sansan Yibao* 3, no. 14 (1926): 1–2.
- 37 Yu Yan, “Woguo Yixue Geming zhi Jianshe yu Pohuai,” *Zhongxi Yiyao*, 164–178, esp. 166.
- 38 See Sean Hsiang-lin Lei, “Chinese Medical Revolution versus National Medical Movement: Medical Group Formation in the Field of the State” (in progress).
- 39 *Shen Bao* [Shen news] 18 March 1929.
- 40 Ralph Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge: Harvard University Press, 1968).
- 41 See *Shen Bao*, 21 March 1929.
- 42 Wang Qizhang, “Is the Old Medicine Really Awakening?” in *Ershi Nianlai Zhongguo Yishi Chuyi* [The preliminary comments on the recent twenty years’ medical matters in China] (Shanghai: Zgengliao Yibao Press, 1935), 201–202.
- 43 Yu Yan, “Kexue de Guochan Yaowu Yanjiu zhi Diyibu,” in *Yixue Geming Lunwenxuan*, 31.
- 44 Zhao, *Jindai Zhongxiyi Lunzheng Shi*, 225–235.
- 45 Chen Cunren, *Zhongguo Yaoxue Dacidian* (Shanghai: World Press, 1935).
- 46 Zhang Changshao, *Xiandai de Zhongyao Yanjiu* [Modern research on Chinese drugs] (Shanghai: Zhongguo Kexue Tushu Yiqi Gongs, 1954), 10.
- 47 Chen Cunren, preface to *Zhongguo Yaoxue Dacidian*, 1.

- 48 Ibid.
- 49 Chen Guofu, “Laobingren Tan Zhongyi Xiyi” [An old patient on Chinese medicine and Western medicine], in *Complete Works of Mr. Chen Guofu*, 6:7–24, esp. 10.
- 50 Yu Yan, “Huanghan Yixue Piping” [A critique of Japanese-Chinese medicine], *Yixue Weekly*, nos. 70–85 (January–April 1931).
- 51 Yu Yan, “Woguo Yixue Geming zhi Jianshe yu Pohuai,” *Zhongxi Yiyao*, 169.
- 52 This statement was asserted in a self-evident fashion on many occasions. For example, Fang Shouyuan, “Zhongguo Jiuyiyao de Kexuehua Wenti” [The problem of scientizing old medicine in China], *Zhongxi Yiyao* 2 (1936): 193–95.
- 53 Quoted from Croizier, *Traditional Medicine in Modern China*, 92.
- 54 Lu Yuanlei, “Ni Guoyiyao Xueshu Zhengli Dagang Caoan,” *Shenzhou Guoyi Xuebao* [Bulletin of Shengzhou National Medicine] 1, no. 1 (1932): 1–9.
- 55 Ibid., 4.
- 56 Ibid.
- 57 Ibid., 3.
- 58 Tan, *Yixue Geming Lunzhan*, 1.
- 59 Ibid., 23.
- 60 Tan Cizhong, “Re-submitting to the Academia Sinica: Pharmaceutical Experiments Should Not Ignore Experience,” in Tan, *Yixue Geming Lunzhan*, 50–55, esp. 50.
- 61 Ibid.
- 62 See Tan, *Yixue Geming Lunzhan*, 60.
- 63 See Furth, “Doctor’s Practice.”
- 64 Quoted from Zhao, *Jindai Zhongxiyi Lunzheng Shi*, 74.
- 65 Yun Tiejiao, *Shanghanlun Yanjiu* [The study of treatise on cold damage disorders] (1923; rpt., Taipei: Huading Press, 1988), 7; my emphasis.
- 66 Yu Yan, “Shanghanlun yanjiu bianhuo” [The problems of “The study of treatise on cold damage disorders”], in *Yixue Geming Lunwenxuan* [Collected essays on medical revolution], 2d ed. (Shanghai: Shehui Yibao Press, 1932), 271–320, esp. 271.
- 67 Concerning the historical evolution of the meaning of this idiom in premodern China see Liao Yuqun, “Guanyu Zhongguo Chuantong Yixue de yi ge Guannian: Yi Zhe Yi Ye” [A well-known opinion, Yi Zhe Yi Ye, in traditional Chinese medicine], *Dalu Zazhi* [Continent magazine], 2000, 1–19.
- 68 Quoted from Jing Risheng, “Zhiji Zhibi” [Knowing oneself and knowing other people], *Zhongxi Yiyao* 3, no. 1 (1937): 15–24, esp. 17.
- 69 He Jiamou, “Zhongyi Kexuehua Wenti” [The problem of scientizing Chinese medicine], *Zhongxi Yiyao* 2, no. 3 (1936): 214–32, esp. 221; Shou Nengmo, “Gaijin Zhongyi zhi Wojian” [My opinions on reforming Chinese medicine], *Sansan Yibao* 2, no. 3 (1924): 5–13.
- 70 Yu Yan, “Kexue de Guochan Yaowu Yanjiu zhi Diyibu,” in *Yixue Geming Lunwenxuan*, 33.

- 71 Yuan Fuchu, “Gaijin Zhongyi Zhi Wojian” [My opinion on improving Chinese medicine], *Sansan Yibao* 2, no. 12 (1924): 1–4, esp. 1.
- 72 Yu Yan, “Wo ye Tan Tan Swowe Guoyi” [My opinion on the so-called national medicine], *Yishi Huiqan* [Collected essays on medical affairs] 21 (1934): 432.
- 73 Yu Yan, *Yixue Geming Lunwenxuan* (1928), 290.
- 74 Throughout this period, while Western-style doctors recognized the value of Chinese drugs and Chinese doctors’ *jingyan*, they never considered learning Chinese medicine in the sense of transforming themselves, to embody Chinese doctors’ *jingyan*. In fact, Yu Yan explicitly rejected the idea that Western-style doctors needed to embody Chinese doctors’ *jingyan* in order to comprehend this *jingyan*. See Yu Yan’s letter in Tan, *Yixue Geming Lunzhan*, 60.
- 75 I would like to thank the anonymous referee of *positions* for suggesting that I take a critical, self-reflective stance regarding my own study. This helped me to think through the theoretical and cross-cultural implications of my historical analysis.
- 76 Steven Shapin, *The Scientific Revolution* (Chicago: University of Chicago Press, 1996), 95.
- 77 I have briefly discussed the Japanese construction of *jingyan* in section 4 of this article. With regard to Ayurvedic and Turkish medicine, see Deepak Kumar, “Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820–1920,” in *Western Medicine As Contested Knowledge*, ed. Andrew Cunningham and Bridie Andrews (New York: Manchester University Press, 1997), 172–190; David Arnold, *The New Cambridge History of India*, vol. 5, *Science, Technology, and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000), esp. 176–185; Feza Guner Gun, “The Turkish Response to Western Medicine and the Turkish Medical Historiography,” (paper presented at the International Symposium on the Comparative History of Medicine—East and West, Division of Medical History, Taniguchi Foundation, Seoul, Korea, July 1998).
- 78 Thomas Gieryn, *Cultural Boundaries of Science: Credibility on the Line* (Chicago: University of Chicago Press, 1999).
- 79 Croizier, *Traditional Medicine in Modern China*, 167–178.
- 80 Farquhar, *Knowing Practice*, 3.
- 81 Quoted from Martin Jay, “Experience without a Subject: Walter Benjamin and the Novel,” in *Cultural Semantics: Keywords of Our Time* (Amherst: University of Massachusetts Press, 1998).