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Comrades in Health

Soviet influence on medicine policy in the People's Republic
of China, 1949-1962

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1. Introduction

The topic of this thesis is medicine policy in the People's Republic of China (PRC). With regards to time, it is limited to the period between the founding of the PRC in 1949 and the end of the Great Leap Forward in 1962. This period is significant for Chinese history, because it encompasses the founding of the PRC and the consolidation of Chinese Communist Party (CCP) power, and several political campaigns like the Hundred Flowers Movement, the Anti-Rightist Campaign and the Great Leap Forward. It is also a time in which China's diplomatic relationship with the Soviet Union underwent a change. While the two socialist countries signed a friendship treaty in 1950, ten years later Soviet leader Nikita Khrushchev withdrew all Soviet specialists stationed in China to Moscow, effectively ending all long-term industrial ventures with China.

During this turbulent decade, health and medicine came to the political forefront. After founding the PRC in 1949, the government focused on rebuilding the country, which was devastated after decades of armed conflict. Reviving the economy and consolidating political power were given highest priority. But a strong state required more than a strong economy and a strong government: a strong people were essential as well. To this end, the Chinese government focused on the institutionalization of medicine and health care. China possessed a long tradition of indigenous medicine that functioned next to the style of medicine that had been imported by Western missionaries over a century earlier. This caused the PRC government to adopt certain attitudes towards both imported and indigenous medicine, expressed in media reports and national policy on the subject, as well as in the public opinions of government leaders.

1.1 Methodology and Structure

This thesis is based on three claims, made by academics. In his article "Chinese Medicine in Crisis: Science, Politics and the Making of TCM", Heiner Fruehauf (1999: 3) notes two of these claims:

- 1) The years 1953-1959 witnessed what appears like a remarkable reversal of Mao Zedong's earlier views on Chinese Medicine.
- 2) Mao sensed that China was beginning to become overly dependent on the influx of Soviet goods and expertise, especially in the areas of modern medical equipment and pharmaceuticals.

The first claim implies that Mao's views, and therefore central level policy, changed over the 1950s. The second claim implies that Mao felt uneasy about the unequal relationship between his People's Republic and the Soviet Union. In this thesis, I will find out if there are grounds to link the assumed reversal of medicine policy in China in the 1950s with the changes in Sino-Soviet relations during the same period.

The third assumption central to this thesis comes from Lorenz M. Lüthi. In his book 'The Sino-Soviet Split: War in the Communist World', he suggests that:

3) Mao integrated international and national politics (Lüthi, 2008: 10)

The Chairman frequently used the one to influence the other, something acknowledged by reviewers of Lüthi's book as well (Vámos, 2010: 140; Roberts, 2010: 126). This claim suggests that Sino-Soviet events could have been of influence on Chinese national politics.

This thesis aims to contribute to research on Soviet influence on medicine policy in China. I conducted research of two elements. The first element is literature research. I have studied academic sources, dating from the 1960s until this year (2018). These secondary sources comprise a wide array of topics, like Chinese medical history, Sino-Soviet relations and policy shifts. With regards to Sino-Soviet relations, I largely follow "The Sino-Soviet Split: Cold War in the Communist World", written by Lorenz M. Lüthi. In this book, Lüthi makes use of extensive knowledge he gained from studying a large variety of sources, the most valuable being primary material from Chinese, Russian, American and Eastern European archives. The book has generally received positive reviews (Roberts, 2010; Levine, 2010; Kaple, 2010; Vámos, 2010; Zhang, S., 2009; Keith, 2010; Goldstein, 2008; Pozefsky, 2010), even being called "a reminder of the kind of splendid contribution one person can make" (Kaple, 2010: 144). And even a more critical reviewer acknowledges that "[T]he book is extremely well researched with clear argumentation underpinned by ample archival resources and references to secondary literature" (Vámos, 2010: 133). I believe that the reviews justify my use of this work as an important reference for describing Sino-Soviet relations.

The second element of the thesis is an analysis of the Chinese Medical Journal (CMJ). The CMJ is an academic journal published by the Chinese Medical Association and should be regarded as its official mouthpiece. During the period this thesis comprises, the CMJ was used as a propaganda tool to display Chinese successes in health care and medicine (Taylor, 2004: 100). The journal, that exists to this day, was so prestigious that two versions were published: An English version and a Chinese version, printed in Chinese. I have analysed the available editions of both versions of the CMJ from 1949 until 1962, to substantiate and supplement my literary findings. An extensive description of this analysis can be found in Chapter 2.

I structured my work as follows. The second chapter of the thesis is a description of the analysis mentioned above. The third provides the reader with necessary historical context. Chapter 4 discusses the government handling of health and medicine during the 1950s to find out if Mao indeed had a change of heart towards Chinese medicine. In Chapter 5 I place developments in medicine policy within the larger framework of Chinese domestic politics. This chapter is necessary, because an understanding

of the political climate at the time offers the context needed to comprehend some of the developments that occurred in the field of medicine. The sixth chapter of this thesis looks at Sino-Soviet relations from 1949 to 1962. In the conclusion, I assess if this research lends credibility to a possible connection between PRC medicine policy and Sino-Soviet relations within the assigned time frame.

It is important to address some of the terminology I will use throughout this thesis. I have distinguished two different types of medicine, that are now often known as Western medicine and 'Traditional Chinese Medicine' (TCM). It is important to know that these terms came into existence only after the two styles of medicine came into direct contact with each other when missionaries from the West started to practice medicine in China. Cai (1988: p. 523) identifies Western medicine as experimental medical science practised in the Western world after the Renaissance. This is opposed to the indigenous style of medicine, which came to be known as Chinese medicine. The official name for indigenous medicine has changed over the years, depending on the political climate. After 1949, Chinese medicine (*zhongyi*) became the standard term. The term Traditional Chinese Medicine, well-known and widespread by now, is a political construct resulting from the wish of the CCP to create "a style of medicine that is recognizably Chinese, that carries the legacy of thousands of years of medical experience but still is able to function in a modern society, and that fits within the framework of modern scientific medicine" (Taylor, 2004: 98). TCM came into existence during the 1950s, and is very different from the indigenous medicine that developed in Ancient China. Throughout this thesis I will stick to the terms Western medicine and Chinese medicine, because these are the terms mostly used in academic sources and indicate a clear opposition.

When writing about 'practitioners' of either type of medicine, I use the definitions Sean Lei offers in his book "Neither Donkey nor Horse" (2014). Practitioners of Western medicine are Chinese nationals educated in Western-style medical schools, either in China or overseas, roughly from the last two decades of the nineteenth century. This does not include foreign doctors and medical missionaries. By practitioners of Chinese medicine, I refer to anyone who practiced traditional Chinese medicine and lacked formal training in experiment-based medicine.

2. Analysis of the Chinese Medical Journal

During the time period this thesis covers (1949-1962) two different versions of the Chinese Medical Journal were published: a version in English and a version in Chinese. I have looked at both versions, for two reasons. The first reason is the availability of materials. Below I describe which issues of the Chinese Medical Journals were available for me to look at. There is a large discrepancy in availability between what I will call the 'English' version and the 'Chinese' version. I decided to use both versions to make up for missing issues on both sides. The second reason is the difference in content. Although there is an overlap in medical topics, the content of what I view as 'politically charged' articles differs significantly. Analysing the two versions with special attention to these differences provides additional insight in contemporary political sentiment.

2.1 Availability of data

For my analysis, I used the years and issues of the English version of the CMJ that were available via the journal's own website (www.cmj.org). The years and issues that were available between 1949 and 1965 are visible in table 1. During some years, six issues were published, during others 12 issues. In total, I analyzed 102 issues of the CMJ. I have no explanation for the missing years 1950 to 1952, 1955 and 1961. An enquiry about the reason of absence of these issues at the address of the CMJ has not led to any results. Political turmoil (consolidation of power in the early years of the People's Republic, the *sufan* movement and the great famine resulting from the Great Leap Forward) offers a possible explanation for the absence of these years. However, the numbering of the volumes and issues does not suggest that there were no publications at all. Instead, the numbering of the volumes suggests that there was a volume 77 between 1958 and 1959. This indicates that there may have been publications in the second half of 1958 as well.

The Special Collections of the Leiden University Library house several roles of microfilm containing issues of the Chinese version of the CMJ. Table 2 shows all those that were available. For an example of this material, please refer to Appendix 1. In total, I looked at 62 editions of the Chinese CMJ. As there is no online repository of the Chinese version of the CMJ as there is for the English version, reasons for the lack of issues can be even more numerous. Next to the already mentioned possibility of no publication at all, it might be possible that the numbers are simply unavailable to me, or do not remain at all.

Year	Volume	Issues
1949	67	1-6
1953	71	1-6
1954	72	1-6
1956	74	7-12
1957	75	1-12
1958	76	1-6
1959	78	1-6
1960	79	1-6
1962	81	1-12
1963	82	1-12
1964	83	1-12
1965	84	1-12

Table 1: Consulted editions of the English CMJ

Year	Volume	Issues
1953	39	7,9
1954	40	1,5,7-12
1955	41	1,2,4,6-12
1956	42	1-12
1957	43	1-12
1958	44	1,3-12
1962	48	7-12

Table 2 : Consulted editions of the English CMJ

2.2 Step 1: Categorization

The first goal of this analysis was to demonstrate how the issues of the CMJ published between 1949 and 1962 are representative for both:

- government policy in health work and medical science in the PRC between 1949 and 1962 and
- the general political climate and development during the same period.

Therefore, I first carried out a categorization of all of the available CMJ articles. All the examples in the following paragraphs are taken out of the English CMJ, but I have followed a similar course of action for the Chinese version of the Journal.

As a first action, I divided all articles in the issues between the categories 'political' and 'non-political' by scanning through the titles and content of their articles. Secondly, I divided the articles that I marked as politically charged into two other categories: 'directly political' and 'indirectly political'. I based this division on the titles and content of the selected articles. Article titles which I considered directly political include "Learn From the Advanced Soviet Medical Science with Resolution and Persistence", "Stalin, Our Beloved Friend and Teacher" and "Living Habits and Activities of Field Rats". Often these articles are reprints or translations of publications and editorials that were printed earlier in the People's Daily (*Renmin ribao*). Other articles are about the Chinese Medical Association, often written by its serving president. The articles touch upon medicine, but always in relation to either political campaigns, policy decisions or Marxist-Leninist ideology.

The articles I categorized as indirectly political do not have a fully political content. Neither is their political element explicitly visible in their title. Titles of the indirectly political articles were for example

“Venereal diseases in New China”, “Development of hygiene and health work during the first Five-Year Plan” and “Research in Labour Hygiene and occupational diseases – Its achievements and perspectives in socialist construction”. These articles often follow a similar pattern. The opening paragraph praises the Party or the opportunities given by the Party on the medical topic of the article. This is followed by a relatively technical article. In some cases, the concluding remarks mention Party leadership again. Other articles in this category are overviews of changes and achievements in what is titled “New China”. The results of this categorization as well as their percentage of the total number of articles for both versions are visible in tables 3 and 4.

Year	Indirect political references	Direct political references	Total political references	As percentage of total articles
1949	0	1	1	3,85
1953	2	9	11	19,64
1954	0	0	0	0
1956	1	2	3	6,25
1957	1	2	3	3,30
1958	2	0	2	3,64
1959	11	6	17	26,15
1960	7	4	11	15,94
1962	0	1	1	1,11
1963	1	0	1	1,11
1964	1	0	1	1,05
1965	4	4	8	8,00

Table 3: Political references in the English CMJ

Year	Indirect political references	Direct political references	Total political references	As percentage of total articles
1953	0	4	4	17,39
1954	3	6	9	6,08
1955	7	11	18	10,59
1956	5	10	15	6,98
1957	3	11	14	6,51
1958	5	11	16	7,02
1962	0	1	1	0,59

Table 4: Political references in the Chinese CMJ

Comparing this rendition of political content in the CMJ with an array of academic sources on medicine policy from 1949 to 1962, as well as a timeline of several political mass campaigns in China during the same time period shows how representative the CMJ is for general political development.

2.3 Step 2: Chinese medicine and Soviet Union

The first step of the analysis confirmed the reflective nature of the CMJ in relation to political mass campaigns and medicine policy. Continuing this assumption, there should be a similar pattern on the topics of Chinese medicine. This means that there should be an increase in content on Chinese medicine starting from the political promotion of TCM by the CCP in 1954. This increase in content should continue until the end of the Great Leap Forward, when political changes occur once again. In other words, I expect the increase to take place between 1954 (when the original medicine policy was overturned) and 1962 (the end of the Great Leap Forward, when more pragmatic politicians took over the reign of the People's Republic). According to the same logic, it is expected to see a decline in articles on typical Soviet topics, articles which refer to the Soviet Union at all, and on references to Soviet sources in technical articles. Judging by the previous established time line, I expect the decrease to start in 1956 (the year Khrushchev gives his Secret Speech) and to reach a low in 1960, when Khrushchev decides to withdraw Soviet specialists from China.

For the second step, I explored a possible connection between the content of the CMJ and references to both Chinese medicine and the Soviet Union. I counted all articles that refer to Chinese medicine in their titles. This included articles with titles like "Oleander Poisoning", "Achievements of Chinese Medicine in Southern Song" and "Acupuncture for the deaf". I also included articles exploring the possible medicinal effects of different plants and roots.

For references to the Soviet Union, the process was somewhat comparable. I counted articles with titles like "Public Hygiene in the Soviet Union" and "Learn from the Advanced Soviet Medical Science with Resolution and Persistence". In some cases, references to politics and references overlap, like in this last example. In that case, an article was drafted into both categories. In addition to this, I also included articles dealing with very specific medical theory that can be attributed to the Russian Empire or Soviet Union. These topics were painless childbirth, Pavlovian theory and sleep therapy. The results of both Chinese medicine references and Soviet Union references are visible in tables 5 and 6.

Year	References to Chinese medicine	As percentage of total articles	References to the Soviet Union	As percentage of total articles
1949	0	0	0	0
1953	3	5,36	5	8,93
1954	2	3,85	0	0
1956	2	4,17	1	2,08
1957	3	3,30	1	1,09
1958	4	7,27	0	0
1959	6	9,23	0	0
1960	5	7,25	1	1,44
1962	5	5,56	0	0
1963	2	0,69	0	0
1964	3	3,16	0	0
1965	2	2,00	0	0

Table 5: Chinese medicine and Soviet Union references in the English CMJ

Year	References to Chinese medicine	As percentage of total articles	References to the Soviet Union	As percentage of total articles
1953	1	4,35	4	17,39
1954	22	14,86	9	6,08
1955	23	13,53	15	8,82
1956	53	24,20	15	6,85
1957	16	7,44	5	2,33
1958	24	10,53	2	0,88
1962	5	2,94	0	0

Table 6: Chinese medicine and Soviet Union references in the Chinese CMJ

The results as displayed in the tables above correspond to a great extent with the trends in the promotion of Chinese medicine and the deterioration of Sino-Soviet relations as described elsewhere. For the exact circumstances surrounding both topics, please refer to chapters 2, 3 and 5.

The analysis explained above, combined with the circumstances described in the other chapters, led to the following conclusions:

- 1) There is a correspondence between political mass campaigns and references to politics in both the Chinese version and the English version of the Chinese Medical Journal;
- 2) References to Chinese medicine continue to increase until the years of the Great Leap Forward and have taken a plunge by 1962;
- 3) References to the Soviet Union decrease during the second half of the 1950s, eventually leading to not a single mention of the Soviet Union in 1962;

- 4) Attention for Chinese medicine grows, only to decrease again at the end of the Great Leap Forward, while interest in the Soviet Union diminishes. This all happens over a period of a mere 11 years.

I believe that the conclusions from this analysis show that the CMJ can be regarded as a reliable source to scrutinize the intent of the PRC government concerning the politics of medicine. The analysis offers no decisive answer over the question of Sino-Soviet relations as a demonstrable cause for medicine policy change. However, it does show that the numbers of both Chinese medicine references and Soviet Union references undergo significant changes during the years leading up to the Great Leap Forward, and the Great Leap Forward itself. This opens up the possibility that the two are directly related.

2.4 Points of improvement

Although the analysis described above gives a rough impression of the situation in China between 1949 and 1962 in reference to political opinions about the Soviet Union and Chinese medicine, this particular analysis can only render government inclinations rather than claim absolute certainty over these circumstances. The first and foremost reason for this conclusion is the fact that whole years of material is missing from this analysis, especially years of CMJ that assumedly were published during the Great Leap Forward, one of those political significant campaigns used for the first step of the analysis. If these years had been available, the image would have been more complete. This could have offered more support for the three conclusions drawn above.

3. Medicine in China: A historical background

3.1 Early healing practices

China has a tradition of healing practices that leads back until before the earliest known dynasties. Oracle bones dating from the Shang dynasty (~1500?-1046 BCE) that were retrieved during excavations are the earliest evidence of some sort of medicine. Oracle bones were usually bones from oxen or turtle shells. Shamans would expose these bones to high temperatures and interpret the emerging cracks in the bones afterwards, to find answers to questions or to predict the future. When the oracle bone gave a hint as to the cause of a disease, most likely an angry spirit or other supernatural entity, the shaman treated the patient with an exorcism or other ritual (Cook, 2013: 5). In the subsequent Zhou and Qin dynasties (1046-256 BCE and 221-206 BCE), healing practices and practitioners diversified. Next to spiritual healing, treatment with herbs, alcohol or massage came into use, as well as an early form of acupuncture. During this treatment, sticks, stones or needles were used to pierce the body. Contrary to the current form of acupuncture in which drawing blood is usually a sign of bad skills, original acupuncture actually required some blood loss (Ter Haar, 2009: 237).

Although the earliest dynasties certainly were of great importance for Chinese medicine, the Han Dynasty (206 BCE-220 CE) should be noted as well. During the Han dynasty all common healing practices, as well as the existing but scattered theoretical knowledge were canonized in the most well-known work on medicine in Ancient China, the “Inner Canon of the Yellow Emperor” (*Huangdi neijing*). From this moment on, theoretical terms like *qi*, *wuxing* and *yinyang* became the foundation of indigenous medicine theory (Lo, 2013: 64). During later dynasties, healing theory and treatment were cultivated further. Pharmacies were established and medical education was developed. Medical texts were published and distributed throughout the empire, helped by the invention of the block press (Hinrichs, 2013: 99).

3.2 Theoretic foundations of Chinese medicine

The most important premise of Chinese medicine theory is that it is both political and religious. This is because medical theory is derived from the ancient Chinese view of the world order. In this cosmological order, everything has its rightful place. As long as everyone remains there, all will be in perfect balance. However, as soon as something changes, the whole order crumbles (Ter Haar, 2009: 99). A good example of this balance is the relationship between a ruler (an emperor, for example) and his subjects: as long as the subjects stay loyal to their ruler and the ruler does not forsake the duties given to him by Heaven, society will be in perfect harmony. As soon as either one foregoes its duties,

revolts break out or natural disasters occur. The order needs to be restored, often by replacing the emperor or by violently suppressing uprisings.

The body can be considered a micro cosmos, in which each organ and body part has its own function. *Yin* and *yang* (sometimes translated into terms of dark and bright, or negative and positive) are the two natural forces that ensure that everything is in balance. Everything in the world can be classified as either *yin* or *yang*. As long as a person takes proper care of his or her body, *yin* and *yang* stay in balance. Therefore, a person that gets sick has not taken good care of his or her body. The *yin* and *yang* forces are no longer balanced out evenly. S/he may suffer from bad eating habits, emotional distress, or even an unhealthy environment. *Yin* and *yang* theory is often used together with another term, *wuxing* or Five Phases. These Five Phases refer to five different movements (or phases) and correspond to different seasons, tastes, food and organs as well. *Wuxing* explains the working of each organ through the phase that it is paired up with, and *yin-yang* explains how the different organs work together (Lozano, 2014: 13) The last term is *qi*. Although *qi* is a well-known term, it is a difficult concept to explain. In essence, it is a vapour that flows through the body of each human being, just like blood. A person's *qi* influences his or her health as well. *Qi* can be adjusted through exercise or acupuncture.

Usually, a physician specialised in Chinese medicine uses four ways to diagnose a patient. Through inspection of the body, listening and smelling, asking the patient questions and touching the patient (usually in the form of pulse taking), the doctor reaches a conclusion. When diagnosed with "too much fire", the doctor would recommend the patient to undergo therapy to "cool down", perhaps by taking a herbal concoction or consuming more foods with cooling qualities. As soon as the body cools down, the balance is restored and the patient cured.

3.3 Medicine from the end of the Chinese Empire until 1949

Although history books draw a line between the end of the Chinese empire and the start of the Republic of China, the development of medicine in China does not strictly adhere to this divide. However, medicine is (and has always been) closely related to political development (Cook, 2013: 29).

By the end of the nineteenth century, the Chinese empire was in turmoil. Apart from a weakened Qing government with internal conflict, meddling foreign powers and new ideas about statecraft and social order also contributed to the fall of the Chinese empire. The most notable of these ideas was the concept of social Darwinism, that had come in from the West. In social Darwinism, the strength of a society is based on its power, self-preservation and the survival of the fittest. This was almost the polar opposite of the ancient Chinese ideas about the universe as an orderly cosmos in which morality and ethics play decisive roles. However, China's situation as compared to foreign powers commanding trade concessions left and right, lent enough credit to the value of modern ideas (Xu, 2012: 183). The

idea of social Darwinism resonated within medicine: a strong state would after all require a healthy people (Andrews, 2014: 90, 96). Against this background, the politicization of medicine in modern times started in earnest.

What began with oracle bones and exorcisms had grown into an extensive system of healing practices by the end of the Qing dynasty. The inability of the government to implement and enforce medical standards resulted in a wide array of treatments, varying in type, cost, and effectiveness (Croizier, 1968: 34). Practitioners of medicine included pharmacists, monks, massage therapists, acupuncturists, as well as all kinds of quacks. When sick, an average Chinese person would most likely ask around for home remedies within his own social circle. If these proved ineffective, a patient would look for a specialist. The choice for a specialist was made based on the patient's complaints and financial situation: someone from the gentry class could visit a scholarly physician, while a poor worker would have to make do with a concoction brewed by a granny from his neighbourhood (Wu, 2013: 174). The open-minded and daring could opt for something completely different. During the latter half of the nineteenth century, missionary physicians from Western countries had started to settle in China, after discovering the power of medicine for conversion. Newly opened treaty ports made it even easier for missionaries to enter China. There were two things that set the missionary physicians apart from their Chinese counterparts. Firstly, they were able to treat patients by means of simple surgery. Surgical treatment does not exist within Chinese medicine, so the missionary doctors could cure previously untreatable patients. Secondly, the missionaries opened several medical schools where they trained young Chinese to become Western-style physicians. By 1915, medical missionaries in China offered 13,445 hospital beds, divided over 330 hospitals. They had established 23 missionary medical schools where they trained 305 students (Cai, 1988: 524). Practice of Western medicine in China gained the favour of modern and revolutionary thinkers, as well as reformists who hoped to usher China into a new and modern age. In their opinion, Western powers had clearly moved away from backward imperial governance and into modernity. This was illustrated by the power they held over China on its own territory. The modern style of medicine they practiced, based on experiments and rationality instead of ancient texts and superstition, was considered to be the only way forward on the road to a stronger and more powerful Chinese nation (Croizier, 1968: 75).

After successfully applying Western medicine to treat a plague epidemic in Manchuria in 1910-1911, Western medicine gained significant momentum. Proponents of Western medicine used this momentum in the following years (coinciding with the fall of the Chinese empire) to deploy Western medicine as a tool for state building. Modern medicine would serve as the means to make the Chinese people healthier and more able-bodied. A healthy Chinese people would create economic prosperity. Prosperity would enable China to not only withstand foreign countries, but to rise internationally and

gain its rightful place among them. In 1915, Western-trained Chinese physicians founded the Chinese Medical Association (CMA). During the first Annual Conference of the CMA that took place in Shanghai in February of 1916, a total of 85 physicians discussed many topics, including “public health initiatives, the perceived duties of the medical profession, institutional reform, education of medical students, translations of medical texts, ethics and quackery” (The Lancet, 1916: 336, 337).

The community of practitioners of Chinese medicine tried to adapt to modern times as well. In an attempt to mitigate criticism about the unscientific and backward character of Chinese medicine, the Chinese medical community resolved to “scientize” (*kexuehua*) Chinese medicine by publishing medical journals and books, and by founding schools of Chinese medicine. The goal of these actions was to make Chinese medicine less of an esoteric art and more of a science and profession. The Chinese medicine community originally was not as organized as the proponents of Western medicine. However, this changed after the pro-Western camp overplayed its hand at the First Convention of the Central Committee for Public Health of the Kuomintang in 1929. When rising to power in 1912, the Republican government had accepted health and medical practice as a state concern. In an effort to build a modern state structure, it promoted hygiene and public health, sponsored and encouraged scientific research and medical education, and maintained control over medicine practice. A Ministry of Health was founded in 1928 (Croizier, 1968: 53, 132). At the 1929 Convention, the Central Committee for Public Health adopted a proposition to abolish Chinese medicine altogether, titled “The abolition of old medicine in order to clear away obstacles to medicine and public health”. Within less than a year, defenders of Chinese medicine had successfully rallied. Representatives from 15 provinces offered the Ministry of Health a petition against the abolition of Chinese medicine. Not only did they succeed in overturning the decision, but they also managed to make sure Chinese medicine was assimilated into the national medical school system. They proceeded to gain direct influence on future decision making of the Central Committee of Public Health. The victory of Chinese medicine can be credited partly to their mobilization. However, it should also be attributed to the fact that Western medicine-resources were scarce and implementing Western medicine nationwide was too costly (Lei, 2000). The miscalculation of the CMA and the response from the Chinese medicine community meant a turning point for medicine in China. Previously, the two styles of medicine had coexisted without severe problems. It was only after the pro-Western camp tried to wipe out its Chinese-style counterpart that both sides started to present themselves as organised entities with clear political objectives. Despite the efforts from both medical communities, the chaotic Republican government was unable to regulate medicine. Attempts at catering to both systems of medicine within one society resulted in what Sean Lei strikingly calls a “mongrel medicine, neither donkey nor horse” (Lei, 2014).

4. Medicine under the CCP, 1940-1962

4.1 Before the People's Republic of China

Before the CCP founded the People's Republic of China on the first of October 1949, the Chinese Communist Party had already been in existence for 28 years. During most of these years, they were organized in the Jiangxi Soviet (1927-1934) and the Yan'an Commune (1935-1947). In the early days of the Jiangxi Soviet, the Communists would provide primary health care services. These services were initiated by doctor He Cheng (1901-1992), who would later become the first Minister of Health under the CCP government. From an ideological point of view, the CCP was for the most part in agreement with the proponents of Western medicine of the Republican period. According to CCP ideology, medicine should be democratic and based on science. The ancient system of Chinese medicine was remnant of feudal times and superstition: of no use for a new and modern China. However, the Communists were smart enough to realize that from their current position, it was impossible to realize their dream of a new medicine. Western medical supplies and properly trained medical personnel were scarce, especially in rural areas. Opting for Western medicine alone was unachievable. Instead, the Communists adopted the slogan "Cooperation of Western and Chinese Medicine" (*zhongyi xiyi hezuo*). Under this slogan, the CCP supplemented the practical shortages of Western medicine with the use of Chinese medicine. There were many advantages to this approach. First of all, Chinese medicine was practiced throughout the country. It was a system familiar to everyone. More specifically, it was familiar to the peasantry, the core demographic for CCP military and political support. Through the use of the extensive human resources that came with Chinese medicine, the CCP was able to garner support from and control over a huge body of people, and established a widespread medical presence (Lei, 2014: 224).

4.2 1949-1953: Guiding Principles and the Patriotic Health Movement

When the CCP commenced its rule in 1949, it encountered a country in utter chaos. With regards to medicine, the Party had to deal with two independent systems, each with its own support systems and its own characteristics (Croizier, 1968: 56). Moreover, the overall health of the Chinese people was alarming. Infectious diseases like malaria, kala-azar, schistosomiasis, cholera, typhus, dysentery and encephalitis demanded a heavy death toll. The CCP also noted a great shortage of facilities for maternity and children's health (CMJ, 1953: 1-6). The government immediately sprang into action. At the First National Health Conference in 1950, the newly established Ministry of Health adopted three Guiding Principles for policy on medicine. Medicine practiced under CCP rule should (Scheid, 2013: 242-243):

- 1) Serve the working people, especially workers, soldiers and peasants
- 2) Emphasize preventive medicine programs over curative ones
- 3) Aim to unite Chinese medicine with Western medicine

Next to establishing the Guiding Principles, the CCP focused on a great variety of practical work. According to a speech given by Chinese Medical Association chairman Fu Lien-chang in 1952, published in 1953, the government performed the following tasks between 1949 and 1952 (CMJ, 1953: 1-6):

- Vaccinating 45% of the total population, leading to a 90% decrease in cases of smallpox
- Founding 17,835 midwifery stations and educating 127,000 midwives in modern methods
- Bringing down occupational diseases down by almost 5% of the total disease count
- Establishing 265 health centres, 24 public hospitals and 48 mobile medical corps in areas occupied by ethnic minorities
- Developing basic health organisations, increasing public hospitals with 275.4% with respect to 1949
- Increasing the number of medical schools and medical students by more than 90% compared to 1949

Even though the CMJ served as a propaganda tool and statistics may therefore be exaggerated, the variety of activities certainly shows a commitment by the government to establish a comprehensive health care structure.

A third example of government action on health and hygiene was preceded by a fourth Guiding Principle for medicine policy, added during the Second National Health Conference in 1951: Health programs should be integrated with mass campaigns. The mass campaign this Guiding Principle likely referred to was the Patriotic Health Movement. This was a mass campaign for health and hygiene that originated in 1952 and would reappear in later years when deemed necessary. The Patriotic Health Movement arose as a result of the Korean War, where members of the Chinese Volunteer Army had joined the fighting in 1950. According to eyewitness accounts and media reports, the United States had deployed germ warfare against the Koreans. Other media reports suggested that this germ warfare also posed a threat to China. By now, it has become clear that these accusations were fabricated (Leitenberg, 1998: 189). Regardless of the untruthfulness of these allegations, the central government adopted the threat of germ warfare as a tool to mobilize the Chinese people. The reports, like a 1952 article in the People's Daily (*Renmin ribao*) about the spraying of poisonous insects from American planes (Yang, 2004: 157) were not met with overwhelming popular response. Many Chinese people, especially those living in rural areas, were either not very interested in stories about germ warfare in a faraway place, or unaware of the reports at all due to very limited access to information (Yang, 2004:

170), or illiteracy. The lukewarm response forced the government to adjust its strategy to entice the people into fighting germs. Media reports on germs increased, and the government and media intentionally blurred the difference between natural epidemics and those resulting from foreign germ attacks, thereby creating fear and anger. At the same time, the government formed the Central Committee for Epidemic Prevention and divided the country into different regions with specific tasks, running anti-germ warfare operations with military precision.

The strategy worked: emotional investment, combined with strong institutional support, was able to mobilize the people into enthusiastic participation in the Patriotic Health Movement (ibid: 166-168). Many different activities fell under the Patriotic Health Movement-denominator. People received cleaning instructions for personal use and workplace and attended health education programs that were organized on national, provincial and local levels. They also engaged in campaigns to eradicate disease-carrying animals, like rats and mosquitoes. The most well-known of these campaigns is the later War against the Four Pests, aimed at destroying the populations of rats, flies, mosquitoes and sparrows once and for all (Wang, R., 2000: 270). When the Patriotic Health Movement had gained enough momentum, it changed from a military-like operation into a social campaign.

4.3 1949-1953: Soviet assistance and *zhongyi xiyi tuanjie*

Next to taking immediate action to create a coherent structure of medicine and health care and to improve popular awareness about public health practices, the CCP could afford to adopt a more ideological approach to medicine, now that it had properly installed its government. According to its Marxist-Leninist philosophy, science should serve practical needs and be accessible to the masses. Naturally, the same went for medicine. The Communist Party-led Soviet Union had already been able to establish a medical system that embodied those theoretical assumptions. It was therefore no wonder that the Chinese thoroughly studied the Soviet system, although the Soviet material assistance the Chinese government received might have helped (Lynteris, 2013: 59). In light of the fascination with the Western-style Soviet medical system and the long existing desire to create a new medicine based on science and Marxist-Leninist ideology, it was logical that Western medicine became the primary system of healing practise used in all the public health and hygiene efforts undertaken by the government. However, Chinese medicine was not forgotten. The official medicine slogan “Cooperation of Western and Chinese Medicine” (*zhongyi xiyi hezuo*), adopted in Yan’an, was changed into “Unification of Western and Chinese Medicine” (*zhongyi xiyi tuanjie*). In practice, this “unification” was aimed at bringing Chinese medicine up to the same level as Western medicine. Chinese medicine might not be so bad once all superstition and feudal tendencies were removed from it, the CCP reasoned (Messner, 2008: 103-107). In order to ‘scientize’ Chinese medicine, the government founded several

“Chinese Medicine Improvement Schools” (*zhongyi xuexi xuexiao*), where practitioners of Chinese medicine were taught the basic principles of modern science and hygiene practices. Patient recording and drug labelling were to be done in Western style, and Chinese medicine practitioners were to be licensed by means of an official examination. The government also founded a Department of Chinese Medicine within the Ministry of Health, and promoted scientific research into Chinese medicine by funding research institutes (Taylor, 2005: 37-40; Croizier, 1968: 162; Andrews, 2014: 208).

Despite all these seemingly genuine attempts to improve, structure and streamline Chinese medicine along the lines of Western medicine, practice was somewhat different. The medical examination for practitioner licensing mainly tested Western medicine knowledge. This effectively excluded those practitioners of Chinese medicine that were never formally educated, but had received their knowledge in the form of an apprenticeship. The government also instated a system for health insurance, but this insurance did not cover any costs related to Chinese medicine treatment or drugs. This suggests that while the government wanted to give the Chinese medicine community every appearance of equal and serious treatment, the real reason for all its accommodation of Chinese medicine should be found more along the lines of consolidating control over the large body of practitioners and supporters of Chinese medicine rather than a belief in its therapeutic value (Croizier, 1968: 163; Lynteris, 2013: 66).

4.4 1954-1962: Policy reversal and folk remedies

The year 1954 seems to mark an important turning point in the Chinese government’s view on medicine. Criticism first came from high up: Mao himself reportedly was unsatisfied with the speed with which Chinese medicine was transformed into a more scientific type of medicine (Lynteris, 2013: 61). Mao’s dissatisfaction gave way to other criticisms as well, placing Western medicine in the line of fire. According to the critics, Western medicine’s view of the human body was too mechanical. When a patient’s arm hurt, a Western-style physician would treat the arm. If a patient’s head hurt, the head was treated. This was deemed wrong: medicine should also regard external conditions and the rest of the patient’s body. Coincidentally, Chinese medicine was the style of medicine that included those factors (Qiu, 1982: 50). Criticism was not limited to the theoretical foundations of Western medicine, but focused on the implementation of national policy as well. In 1954, the Chinese Medical Journal published two articles that questioned the implementation of the original policy on Chinese medicine, especially the part that required doctors of Chinese medicine to study Western medicine to improve themselves (CMJ, 1954: 11, 12). Criticism soon turned into a full-fledged campaign against counterrevolutionaries that secretly promoted their own bourgeois agenda. Minister of Health He Cheng, who had already been active in health work during the Jiangxi Soviet, was replaced. Other high-

ranking members of the Ministry of Health were criticized as well. In 1955, the Chinese Medical Journal published three editorials criticizing Vice Minister of Health Wang Bin, with titles like “Criticism of scholar/physician Wang Bin’s discrimination against Chinese medicine and his bourgeois thinking” and “Wang Bin’s bourgeoisie in health and hygiene work” (CMJ, 1955). Wang had proposed to abolish Chinese medicine in 1953, and paid the price for his initiative soon after.

The small-scale purge of the Ministry of Health was followed by a marked change in policy. The official slogan was changed once again, from “Unification of Western and Chinese Medicine” (*zhongyi xiyi tuanjie*) into “Integration of Western and Chinese Medicine” (*zhongyi xiyi jiehe*). Apparently, Chinese medicine was now ready to be fully integrated with Western medicine. To effectuate this integration, the government opened the Beijing Research Academy of Chinese Medicine (*zhongyi yanjiuyuan*) in 1955: The most advanced research centre for Chinese medicine yet. The Ministry of Health also required all medical education institutions to officially adopt Chinese medicine-related courses into their curricula. The “Chinese Medicine Improvement Schools” were changed into facilities where Western-educated physicians could learn about Chinese medicine (Taylor, 2005: 72).

All these measures lead to a reversal of the earlier policy, in which Western-style medicine was more dominant than Chinese medicine. Reasons for this sudden change are not completely clear, Bridie Andrews (2014) writes. However, she thinks that a need to deploy medical personnel more effectively; a wish to avoid social unrest within the Chinese medicine community and a growing sense of national pride may be explanations for the political rehabilitation of Chinese medicine. From 1954 until the end of the Great Leap Forward in 1961, Chinese medicine, especially home remedies, came more and more into the spotlight. The government adopted the view that the masses offered a great untapped potential for healing practices. A growing official interest in folk remedies led to a number of unusual health practices, like the use of acupuncture to cure deafness and injecting humans with chicken blood using hypodermic needles to strengthen the body (Chee, 2018: 196). Over the years of the Great Leap Forward, the interest in Chinese medicine and the participation of the masses in health and healing practices peaked, stimulated by both the pressure to come up with more and better cures and treatments and by the shortage of Western medical facilities. During this period, the War Against the Four Pests took place, and the government carried out extensive research and preventive treatment of schistosomiasis, a parasitic disease that had claimed many victims for years. During the campaigns to wipe out schistosomiasis, reportedly a personal wish of Mao, people engaged in several preventive activities to fight the disease. They buried snails (the carriers of the disease), filled in irrigation canals completely and dug new irrigation canals and engaged in land reclamation projects in marshy terrain (Bowers et al, 1988: 131).

4.5 Reflections in the Chinese Medical Journal

This policy change and trend of increased interest in Chinese medicine and folk remedies resonates in the Medical Journal. The percentage of Chinese medicine articles in the CMJ rose significantly between 1953 (4,35%) and 1954 (14,86%), when the change in medicine policy occurred. The percentage stays relatively high throughout the 1950s, but drops somewhere between 1958 and 1962, reaching 2,94% in the last year. Unfortunately it is harder to show if the trend in Chinese medicine articles is the same in the Great Leap Forward, due to the unavailability of CMJs from 1959 and 1960. The English version of the CMJ shows a slightly different image. There had always been less articles on Chinese medicine in the English version of the CMJ, most likely because the Chinese Medical Association and CCP wanted to portray an image of advanced science to foreign readers. In the English version of the Journal, in 1957 3,30% of all articles dealt with Chinese medicine. The following year, that percentage had doubled to 7,27%. In 1960, the percentage had risen to 9,23%. During the aftermath of the Great Leap Forward, the number of articles decreased, hitting 0,69% in 1963. For a complete overview of all percentages, please refer to Chapter 2.

Just as the number of articles on Chinese medicine changes between 1954 and 1962, so does the content and tone of the articles. This is especially visible in the English version of the CMJ. In the earlier years of 1953 and 1954, four out of five articles on Chinese medicine are written by the historian Li Tao, and discuss only the history of Chinese medicine in different dynasties. In 1956 however, an article about the use of pumpkin seeds and areca nuts to treat tapeworm infections appears. By 1959, the historical articles have ended. From that moment on, the articles on Chinese medicine become focused on the therapeutic value of acupuncture and moxibustion and native herbs. One of the most famous activities of the Patriotic Health Campaign, the War Against the Four Pests, also made an appearance in the Chinese Medical Journal. In February 1959, the CMJ published an article titled “Living habits and activities of field rats”. The article consists largely of a speech given by a woman from the Yi ethnic minority, who was interviewed because of her incredible talent for catching and killing rats. In the article, the woman explains how to spot a rat hole and how to catch and kill the animals (CMJ, 1959: 144-147). By 1960, however, the claims become somewhat difficult to believe. In February of that year, it is suggested that clinical trials have pointed out that acupuncture can be used as an effective means to treat acute appendicitis (CMJ, 1960: 103-108). After 1962, however, articles mainly focus on the sedative effects of acupuncture and the use of Chinese medicine for the healing of bone fractures (CMJ, 1964). With regards to content and tone, the Chinese version of the CMJ diverges again from the English version. Contrary to the shift in tone and content in the English CMJ, the articles in the Chinese CMJ stay relatively similar. Most articles focus on the medicinal uses of native herbs and plants and the use of acupuncture.

It is interesting to note as well that the term 'Chinese medicine' is changed into 'Traditional Chinese Medicine'. Taylor (2004: 101) has analysed this and notes that the term Traditional Chinese Medicine (TCM) starts appearing in 1958. According to Taylor, this means that the Chinese government was ready to present its new form of Chinese medicine to the outside world. TCM was the best of native Chinese healing practices, without its superstitious tendencies and therefore ready to be used in modern society. The word 'traditional' indicates that the medical system embodies the experiences of centuries of healing practices. Although it was represented as traditional, ancient and maybe even somewhat mysterious, it hardly resembled the healing practices that were still present at the end of the Qing dynasty. Instead, Chinese medicine was formed along professional lines, making it a professional and well-organized system. TCM is the system of Chinese medicine that has spread around the globe and that we all know now.

5. Political developments in China and medicine

To understand developments in the field of medicine policy in China from 1949 to 1962, it is important to look at these developments within the larger context of political development in China during the same period. This context makes it easier to understand the political environment of the time, and it offers possible causes for policy decisions, including those in the field of medicine.

I look at the political trajectory of China during this time period from two different angles. The first angle is political campaigns. A deeper dive into political campaigns shows how these campaigns, usually encompassing all policy terrains, were directly translated into action within the field of medicine. The second angle is based on ideological radicalization and the theory of policy shifts in China as described by Richard Suttmeier in his 1974 book "Research and Revolution". Looking at political developments from the perspective of ideological radicalization and policy shifts offers more insight into the fundamental ideas that dominated policy in all terrains, including medicine.

5.1 Political mass campaigns: Emotion work

In the previous chapter, the Patriotic Health Movement was already mentioned. This movement is a good example of the mass campaigns that were carried out by the government during the 1950s. The Patriotic Health Movement ensured the commitment of the masses to improve the general health of the Chinese people throughout the country. The Movement's success can be attributed to fulfilling the two criteria that Elizabeth Perry (2002) deems necessary for successful mobilization of a large body of people: strong institutional support and emotional investment.

The CCP recognized the power of emotions well before the Patriotic Health Movement. The CCP already started practicing 'emotion work' before the foundation of the PRC in 1949, to entice peasants into standing up against repressive landowners and supporting the Communist cause. After the PRC was established, this emotion work continued. The CCP oversaw highly orchestrated mass meetings during which landowners were criticized. Everything about these meetings was decided beforehand: who would sit where, what songs would be sung and how long speeches would be. All these precautions were taken to ensure the largest possible emotional response from the participants (Perry, 2002: 117). The CCP recognized the power of the masses like no other and continuously 'activated' the people to reach political goals, like the implementation of certain policy. At the same time, political mass campaigns offered an opportunity for the CCP to gain more access to the population, especially the rural population. This access allowed the CCP to strengthen its control over the people. That achieving political goals and controlling people are the most important objectives of mass mobilization, will become apparent in the following examples of political campaigns.

This chapter will only look at those campaigns that are relevant to medical policy and the medical community. To determine which campaigns meet that criterion, I have looked at two things. Firstly, I chose political campaigns that were aimed at intellectuals. Scientists, including medical scientists, were part of this target group. Secondly, I have checked political references in the CMJ. If a political campaign is referred to in the CMJ, the influence of that campaign most likely extended to the medical world. As a result, the political campaigns that are most relevant for the development of medicine are the Sufan Movement (1955-1956), the Hundred Flowers Campaign (1956-1957), the Anti Rightist Movement (1957-1959) and the Great Leap Forward (1958-1961).

5.2 The Sufan Movement (1955-1956)

The goal of the Sufan Movement (*sufan yundong*) was to rid the CCP from all counterrevolutionaries still hidden within party ranks. According to official directives, secret Kuomintang supporters were undermining CCP policy from the inside. During mass meetings, alleged counterrevolutionaries were forced to confess to their crimes. It is not sure whether all the victims of the Sufan Movement were actual counterrevolutionaries. The movement might also have been a ruse to punish officials that did not follow Party instructions to the letter, or to remove those who were underperforming (Baum, 1964: 1051). The Sufan Movement was reflected in the Chinese Medical Journal: in July 1955, the Journal started with two editorials on the crimes of Hu Feng and the CCP's determination to smoke out all hidden counterrevolutionaries. Hu Feng was a writer who had expressed criticism of the regime in 1954 and was arrested as a counterrevolutionary in 1955. The field of medicine was not immune to this campaign neither. The changes in personnel and policy in the Ministry of Health and took place only a year before the Sufan Movement, and the political campaign offered a great opportunity for criticism of former higher-ups in the Ministry. In 1955 and 1956, the CMJ published several articles criticizing former Minister of Health He Cheng and Vice Minister of Health Wang Bin. Titles of these articles include "Criticism of Wang Bin's bourgeoisie in health and hygiene work", and "Criticism of He Cheng's implementation of Chinese medicine policy". It is striking that these critical articles were only published in the Chinese language-version of the CMJ, not in the English version. This again points to the way in which the English version was used to create a certain image for foreign readers. It is not exactly clear how many victims the Sufan Movement claimed, but estimates range from 500,000 to 800,000 (Dillon, 2013: 301).

5.3 The Hundred Flowers Campaign (1956-1957)

By 1956, economic progress in China fell behind in comparison to earlier projections. Mao realized that initiatives for an economic boost would most likely come from the country's intelligentsia. In order to bolster their creativity, he would have to relax the government's control over them, and encourage

debates about economic and societal progress. When he announced the Hundred Flowers Campaign (*baihua yundong*) in May 1956, he encouraged China's intellectuals to express constructive criticism of the Party. Although initial response was guarded, some very critical articles were published a year later. Dissatisfaction with bureaucracy and corruption was not uncommon. Scientists especially complained about the fact that they were not allowed to carry out as much research as they would like (Lynteris, 2013: 60). Both the Chinese and English version of the CMJ contributed by publishing articles on issues that had arisen concerning the new policy of Western doctors studying Chinese medicine, as well as on medical responsibility and on the importance of research for strengthening hygiene work throughout the country (CMJ, 1956).

5.4 The Anti-Rightist Movement (1957-1959)

The mass response to the Hundred Flowers Movement and the lashing of criticism supposedly came as a shock to Mao. He had not calculated that popular response to his call for improvement would be so critical of the Party. As a response, he announced the end of the Hundred Flowers Campaign a year after it had started and commenced the Anti-Rightist Campaign (*fan youpai yundong*). Later, Mao would claim that the Hundred Flowers Campaign had been a clever ruse to identify bourgeois elements, or rightists. The Anti-Rightist Campaign, that lasted two years, was aimed at wiping out all critics of the Party through severe persecution. Those who had spoken up during the Hundred Flowers Campaign (just like Mao had asked them to do) were purged in its wake. Once a person was branded a rightist element, he or she and their families would carry that label for years to come. This brand severely deteriorated anyone's social status. Next to the official humiliation, the critics were sent to labour camps in the countryside to participate in a thought reform process (Perry, 2002: 118). The Anti-Rightist Campaign took a heavy toll on the intellectual community, because many of the Party's critics were in fact intellectuals. The Hundred Flowers Campaign proved to Mao that 'intellectual' and 'bourgeois' were almost similar in meaning. Because of their bourgeois tendencies, intellectuals posed a threat to the government and could not be trusted. The CMJ shows how fast the transition from Hundred Flowers Campaign to Anti-Rightist Campaign took place. In May 1957, the CMJ published an article on the importance of research for medical science. Only three months later, in August of the same year, the CMJ started with no less than three political editorials. The first article was titled "We Must Fight Rightist Elements To The End", the second included a warning: "Hygiene Workers Cannot Stray From Party Leadership". The third editorial reminded the Chinese people of their revolutionary spirit by referring to *bayi*, the term used for the battle fought between the Communists and the Kuomintang in Nanchang in 1927 (CMJ, 1957: 8). Two months later, the CMJ encouraged the medical community to "actively participate in the battle against the rightists", and to "accept education to develop socialist thought" (CMJ, 1957: 10).

5.5 The Great Leap Forward (1958-1961)

In 1958, Mao launched his next great mass campaign, the Great Leap Forward (*da yue jin*). This is one of the most widely known political campaigns of China, not in the last place because of its disastrous outcome. The launch of the Great Leap Forward was the result of a combination of economic and ideological factors. The Second Five Year-Plan of the CCP started in 1958 and one of its main focus points was industry. This had already been an important focus of the First Five Year-Plan, but the results had not been overwhelming. The Five Year-Plan used the Soviet model of development. According to this model, agricultural surplus could be used to invest in heavy industry. In the case of China, however, there was not that much agricultural surplus to begin with. The increased output of grain coincided with an increased population. At the same time, the grain surpluses that were available were reserved to be used for the repayment of loans provided by the Soviet Union earlier. For that reason, a grain requisition program was already started in 1953 (Chen, 2009: 59-61). Mao realized the Chinese lack of capital, but found a creative solution. He decided to supplement the shortage of capital with something he had in abundance: labour. A successful water conservancy project, carried out through mobilization of the people during the winter of 1957-1958, convinced him that Chinese manpower would be able to make up for the missing capital (MacFarquhar et al., 1989: 15). The government started rapid and massive collectivization by organizing the Chinese people into people's communes. These communes functioned as complete living environments where their inhabitants ate, slept and worked together on industrial projects, the most notorious being steel production (Mao had bluntly declared that the PRC would overtake the UK as the largest steel producer in 1957).

The Great Leap Forward also had a clear ideological element. The giant undertaking would mean that the PRC would get much closer to its ideal of a communist society. This prospect, amplified through the extensive use of propaganda, excited the people to the point where they voluntarily handed over all steel objects in their own possession to contribute to the industrial development of their country. This emotional investment in the Great Leap Forward again shows the CCP's proficient use of emotion work.

Several factors contributed to the famines that led to the starvation of millions of Chinese. First of all, the people's communes did not function as Mao had hoped. The diversion of labour and peasants enthusiastically participating in industrialization projects left too little manpower to tend to the harvests. The giant mess halls where the peasants ate a good meal three times a day took away the need to produce one's own meal. As the land was no longer their own, there was hardly any incentive for peasants to continue to work in the fields, leaving the crops to their fate. Next to this disinterest, some of the policies implemented by the government had terrible consequences. The War Against the

Four Pests unbalanced ecosystems and close planting methods caused crops not to grow well. Although these circumstances might have alarmed watchful participants, instead the emotion work succeeded in continuously sparking up enthusiasm that caused officials and peasants to exaggerate harvests. Reports about record productions of grain and crops caused officials to fabricate even more glowing reports. Unfortunately, higher reported harvests meant higher requisition quota. This left less to eat for local populations. This combination of requisition, CCP policies and human errors resulted in a disastrous ending of the Great Leap Forward, with famines in 1960 and 1961 that led to the starvation of millions of Chinese (Chen, 2009). After other high-ranking government officials intervened, the Great Leap Forward was brought to a halt in early 1962. Under the guidance of Liu Shaoqi and Deng Xiaoping, the government substituted the highly ideological political course for a more practical one, focusing on famine relief and on restarting the economy and everyday life. Mao retired from the political spotlight, but only until 1966, when he commenced the Great Proletarian Cultural Revolution.

5.6 Reflections in the Chinese Medical Journal

The enthusiastic spirit of the Great Leap Forward found its way into the CMJ. Some articles actively encouraged the medical community to take part in industrial and technological strides forward, others emphasize the importance of labour and workplace hygiene. Purely medical articles are a good reflection of the activity in steel production: the first three editions of 1959 all feature a special on the treatment of severe burns (CMJ, 1959: 1-3). The enthusiasm and exaggeration are visible too, especially in the English version. In 1959 and 1960 the CMJ included a total of 18 indirectly political articles. These articles all hail recent advancements in medicine in China. Titles of these articles include “Maternity and Child Welfare in People’s Communes”, “Advances of Clinical Haematology in New China”, or “Achievements in Ophthalmology in New China” and usually start with praising Mao and the Party before describing the latest progress (CMJ, 1959:6; CMJ, 1960: 1).

The reversal of medical policy surrounding Chinese medicine as discussed in the previous chapter, the devaluation of intellectuals and Western medicine as a result of the Anti-Rightist Movement and the desire to incorporate the wisdom of the masses into medicine all led to the renewed interest in folk remedies and traditional Chinese healing practices. This interest is confirmed in the CMJ. The percentage of articles on Chinese medicine as part of the total number of articles is at its highest during the years of the Great Leap Forward, more than doubling between 1957 and 1958 (See Chapter 2). These articles show the enthusiastic and perhaps over-the-top research into the possibilities of Chinese medicine, including a 1958 article about the use of Chinese medicine to treat liver cirrhosis and a 1959 article about using acupuncture to treat deafness (CMJ, 1958: 7; CMJ, 1959: 1).

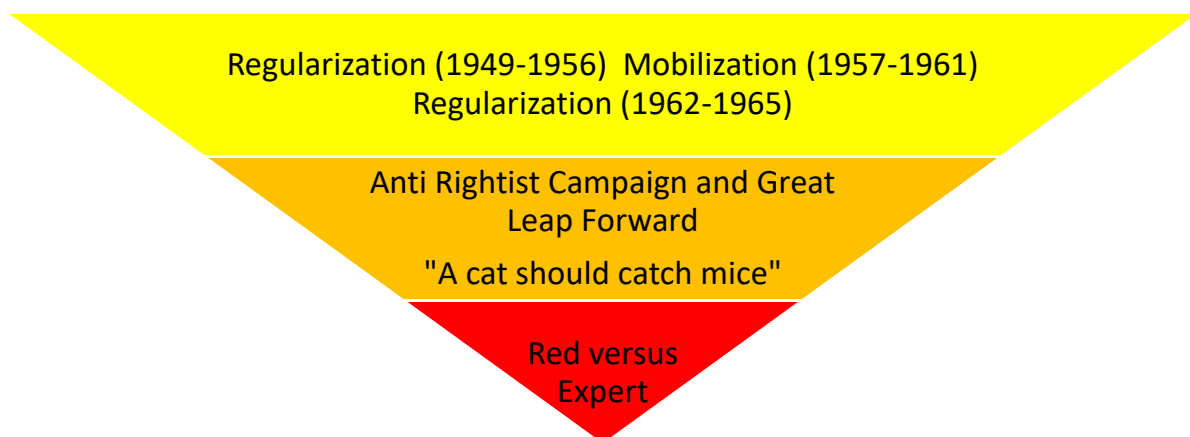
5.7 Ideological radicalization and policy shifts

Looking at political mass campaigns as separate events shows the direct translation of these campaigns into the medical community. But by taking a step back and viewing the campaigns as part of a larger shift in China's political course, the role ideological radicalization played in this shift becomes more apparent. To guide the discussion of policy shifts in China, I rely on the theory about policy shifts Richard Suttmeier puts forth in his book "Research and Revolution". This theory fits well within the Marxist dialectical narrative of continuous struggle. According to Suttmeier, a state has a specific set of large goals. In order to reach those goals, it first needs to reach a large variety of smaller goals. In state 1A, a government is busy attaining some of those smaller goals. As soon as those goals are reached, the government transforms into state 1B. After arriving at state 1B, however, the government realizes that not all smaller goals were fulfilled, rendering it impossible to achieve the larger goals. To achieve the other smaller goals needed to get to the larger goals, something needs to change. This change is a policy shift. After the policy shift, the government has reached state 2A and the cycle of reaching some and failing to reach other goals starts again, followed by yet another policy shift. In the case of China, the period between state 1A and state 1B can be regarded as a period of liberalism or regularization. The period between state 1B and state 2A is a period of radicalization or mobilization. Suttmeier also gives two important characteristics of the policy shifts. Firstly, policy shifts come with political conflicts. Secondly, ideology is the compass that decides the exact moment a policy shift should take place (Suttmeier, 1974: 30).

Following Suttmeier, we can see clear periods of regularization and mobilization (and therefore policy shifts) in China between 1949 and 1962.

The first shift is embodied by the start of the Great Leap Forward in 1958, but there were signs a change was about to come a few years earlier already. Mao recognized the disappointing economic situation. In order to promote a debate about economics and society, he invoked the Hundred Flowers Campaign, where the country's intelligentsia could speak their mind. However, the popular response to the Hundred Flowers Campaign was so critical of the CCP that Mao instead decided to take a 'left turn' and opted for strict ideological correctness and the mass line as guiding principles (Croizier, 1968: 186). Although he had already tried collectivization in 1956 during the failed 'Socialist High Tide', the Hundred Flowers Campaign confirmed his notion that the masses and correct ideology were the only possible way forward. Being a communist in heart and soul and strictly adhering to Marxist-Leninist philosophy were the most important. Those who were not red, or not red enough, were subjected to thought reform or sent to labour camps during the Anti Rightist Campaign.

This notion of 'redness' being more important than anything did not sit well with everyone in the government. More pragmatic Party leaders like Deng Xiaoping and Liu Shaoqi believed that the expertise of scientists and other intellectuals could not simply be replaced by manpower. This led to a political conflict that can be summarized as 'Red versus Expert'. In the period building up to the Great Leap Forward, the 'expert' side suggested a more practical approach to economic growth, while the 'reds' accused the experts of bourgeois tendencies and a lack of a proper ideological foundation, calling them white experts (*baizhuan*). With the commencement of the Great Leap Forward in 1958, the experts had definitively lost. However, by the time the Great Leap Forward had led to the largest famines ever recorded in modern history, the tables had turned again. Even though the Great Leap Forward had obviously failed, Mao still believed that ideological correctness was more important than factual correctness, while the expert camp, represented by Deng and Liu, believed that higher wages and bonuses would work better than any moral incentives for rebuilding the country. The more practical leaders who were able to force Mao to temporary retreat from the political stage, allowed the intellectuals who had suffered so greatly to return and help rebuild the country. The intellectuals, so believed Deng and Liu, would bring political stability and would do the job effectively. To them, this was more important than their political colour (Baum, 1964: 1057). Deng's famous remark "It doesn't matter if a cat is black or white, as long as it catches mice" is a nice summary of this sentiment. The policy shifts in China between 1949 and 1962 can be reproduced in a schematic view:



Two periods of regularization were alternated with a period of mobilization. This period of mobilization was ushered in by the Anti-Rightist Campaign and the Great Leap Forward. With the end of the Great Leap Forward, the new period of regularization begins, characterized by a desire to repair the damage of the Great Leap. The overarching ideological debate that determines the moments of policy shift is the continuous struggle between the more radical reds and the less radical, more practical experts.

6. Sino-Soviet Relations, 1949-1962

The development of the relationship between China and the Soviet Union is a very complicated matter. This chapter alone cannot do it justice, but it does provide enough information to form an idea about the general trajectory of the relationship.

Less than a year after the CCP founded the People's Republic of China, the Soviet Union and the PRC signed a Treaty of Alliance, Friendship and Mutual Assistance. The Treaty, signed by Zhou Enlai on behalf of the PRC, was meant to secure cooperation and military assistance when deemed necessary. According to Lüthi, it was no wonder that Stalin and Mao sought to forge close ties. Both were devoted communists, sharing an ideology. Both were anti-imperialists but supported the idea of world revolution. Furthermore, they both headed political parties that had risen to power after a long armed struggle (Lüthi, 2010: 31-33). However, practical considerations for rapprochement should not be overlooked either. A treaty served both countries: China received protection from the perceived imperialist United States and received aid and assistance to rebuild the country. Stalin, in turn, finally received concessions in Manchuria he had been eyeing for years (Vámos, 2010: 136).

6.1 Soviet assistance

Although both officially committed to the Sino-Soviet relationship by signing the Treaty, the relationship itself was by no means equal. The PRC was in its infancy, but the Soviets already were a long way further down the road towards socialism. For that reason, the Chinese adopted Soviet development models for the economy, education, the military and other fields. The 'Learn from the Soviet Union' policy was supposed to jumpstart the ideologically correct rebuilding of China after years of destruction due to armed conflict. With the development models came other types of assistance, like assistance of economic and military kind. Lüthi estimates (2008: 40) that the Chinese government borrowed between 1,413 and 1,52 billion roubles from the Soviet Union to get the Chinese economy up and running again. Furthermore, Soviet experts arrived in China to set up somewhere between 300 and 360 industrial projects. An example of one of these projects is the planting of rubber trees. The Soviet Union suffered from a shortage of rubber, so it encouraged China to start engaging in the planting of rubber trees. The harvest was exported to the Soviet Union. The rubber tree-industry was so successful, that it was one of the highest priorities of the first economic Five Year Plan (Zhang, J., 2013: 34; Lüthi, 2008: 39-40). The Chinese military was restructured along the lines of the Red Army. Restructuring was necessary because of the military threat the United States posed to the PRC. The People's Liberation Army was a revolutionary army, equipped for guerrilla warfare. Soviet military advisors guided a transformation towards a more professional, modern army by implementing Soviet

model force regularization and by allowing the PRC to purchase Soviet military equipment like weapons, ships and airplanes (You, 2010: 131-133).

6.2 Scientific exchange

Next to Soviet assistance in rebuilding the economy and restructuring the military, the PRC and Soviet Union engaged in scientific exchange. Between 1949 and 1960, there were an estimated 10,000 non-military Soviet (Bloc) advisors in China. These advisors, or specialists, concerned themselves not only with industrial projects to boost the Chinese economy like mentioned above, but also with the development of science and technology. The Soviet Union and China realized that scientific exchange would be mutually beneficial. The Chinese knew that the Soviet Union had already developed the type of socialist, ideologically correct science they desired as well. For the Soviet Union, scientific exchange with China meant more access and more manpower to deploy (Gakhman, 2010: 281-282). Scientific and technological exchange took many forms. There was written exchange, but also the exchange of personnel. Young Chinese scientists were trained in the Soviet Union and Soviet academic personnel came to China to conduct joint research with native researchers (Zhang, J., 2013: 36).

Exchange between the Soviet and Chinese Academies of Science and the construction of the Twelve Year Science Plan are great examples of the extent of scientific exchange between the Soviet Union and PRC. The Chinese Academy of Science (CAS) was established only a month after the People's Republic, in November 1949. The Academy was tasked with both carrying out research and coordination of universities and industrial research groups. By 1954, the CAS was in need of restructuring: The First Five Year Plan had come out and the Academy found itself ill-equipped to perform the advisory role expected by the government. With help from Soviet advisors, the CAS took on the administrative structure of the Soviet Academy of Sciences. After the restructuring, exchange between the Academies of Science, students and professors intensified (Gakhman, 2010: 283).

The Twelve Year Science Plan, officially called 'The Outline of a Long Term Plan for the Development of Science and Technology', provides insight about the fields of research that were to be given priority in China. The Twelve Year Science Plan was drafted between 1956 and 1957, heavily influenced by economic plans. It was supposed to serve as a blueprint for the next stage of industrialization and the associated scientific research (Wang, Z., 2015: 180). Although it was never officially published, there are some fields of industry and research that received more attention around this time. These projects included atomic energy for peaceful uses, jet propulsion, power equipment and heavy machinery and the prevention and eradication of detrimental diseases (Suttmeier, 1974: 59-61). The projects mentioned in the Twelve Year Science Plan were the projects worked on most by the Chinese scientists and Soviet advisors.

6.3 Ideological conflict: economic development and destalinization

By 1956, the first cracks in the seemingly stable relationship between the Soviet Union and the People's Republic became visible in the form of developing ideological conflict. This ideological conflict was rooted in disagreements over China's economic development and 'destalinization' in the Soviet Union. These disagreements were deepened further by other factors. Ultimately, the ideological conflict led to the withdrawal of the Soviet experts working in China in 1960.

During the earliest years of the PRC, the CCP government practiced a mixed economic system. Many of the major industries were state-owned, but others were still owned by private parties. In 1953, the CCP felt ready to make the change from a mixed economy into a fully planned economy. Consequently, it developed and implemented the first Five Year Plan. This plan was modelled after and approved by the Soviet Union, focusing on heavy industry. As discussed in the previous chapter, the Soviet development model assumed that agricultural surpluses should be used to invest in heavy industry. The main problem lay within the fact that China did not possess those surpluses. The Soviet Union offered to supplement the shortages by additional loans. This would mean even heavier loan repayments in the future, and have negative consequences for China in the long-term. Mao refused and set out to find an economic alternative. He had always been drawn to a more radical form of development, characterized by rapid collectivization. While still alive, Stalin repeatedly warned Mao against too radical a course, pointing to the terrible famines in the Soviet Union when the Communist Party there attempted the very same thing some thirty years earlier (Levine, 2010: 132). The Soviet Union instead encouraged Mao to continue on the relatively moderate but steady course of development, much to the Chairman's dismay. This festering disagreement over economic development was exacerbated to a great extent when Nikita Khrushchev became the leader of the Soviet Union after Stalin's death. Despite disagreeing from time to time, Mao and Stalin had a functioning working relationship. The death of Stalin meant, in the eyes of Mao, that the playing field of the world socialist camp was levelled out again. He believed himself, and China for that matter, no longer inferior to the Soviet Union. However, Khrushchev seemed to assume that he would take on Stalin's leading role in the socialist world overnight. This did not sit well with Mao, who happened to harbour a personal dislike of Khrushchev as well. That feeling was mutual (Stiffler, 2010: 320).

Then Khrushchev gave his famous Secret Speech on February 25, 1956 during the 20th CPSU congress. In this speech, Khrushchev pleaded for what is now understood as destalinization, and in practice meant a slight liberalisation of politics. Khrushchev also attacked Stalin's cult of personality. This made Mao feel uneasy. Criticism of Stalin's personality cult especially hit home for Mao, who had started to build a cult of personality of his own (Bernstein, 2010: 15; Lüthi, 2010: 39). To make matters worse,

the Soviet Union had started to seek rapprochement with the United States, something that Mao considered a betrayal of the Marxist-Leninist anti-imperialist worldview (Vámos, 2010: 138). The disagreements over economic development and the Soviet Union's perceived apostasy caused Mao to re-evaluate his 'Learn from the Soviet Union' philosophy. He, and other politicians like Zhou Enlai, realized that China had started to become overdependent on the Soviet Union. This caused him to start to actively promote "self-reliance" (You, 2010: 135; Bernstein, 2010: 14). Mao also once more became convinced to turn away from liberalisation. His faith in radical leftist policies was strengthened by destalinization and the results of the Hundred Flowers Campaign, which proved to him that liberalisation posed a severe threat to the stability of the PRC, and that ideological radicalism was the only possible way forward.

6.4 Additional tension and the withdrawal of Soviet advisors

Although the biggest part of Sino-Soviet tensions and the following rift in the Sino-Soviet relationship can be attributed to Mao's annoyance with the ideological course of the Soviet Union, vexation did come from both sides. A Soviet source of irritation was the Second Taiwan Strait Crisis in 1958. Mao ordered the shelling of Jinmen Island without giving Soviet Union any prior warning. This was especially bothersome to the Soviets because the incident put tension on Soviet attempts at rapprochement with the United States (Lüthi, 2010: 42). Furthermore, the scientific exchange between China and the Soviet Union was not as mutually beneficial as previously hoped. Over the course of 1957, Soviet scientists started to complain that the Chinese parties were not very forthcoming in terms of sharing information. The fact that the largest contribution from the PRC was for Soviet research into Chinese history and Sinology shows how little of the research on the priority-topics (as stated in the Twelve Year Science Plan) was actively shared by the Chinese. The latter clearly viewed the 'exchange' as a one-way street (Gakhman, 2010: 288-289).

Mutual annoyances culminated into the withdrawal of the Soviet advisors and specialists from China in 1960. According to Lüthi (2008: 174), reasons for this decision by Khrushchev included Chinese criticism of the specialists' work, purposefully ignoring Soviet advice and a surge of anti-CPSU propaganda, originating from the Chinese government. After the withdrawal of the Soviet specialists, the relationship between the two countries slightly normalized again. When the Chinese countryside experienced disastrous famines as a result of the Great Leap Forward, the Soviet Union did provide food aid. However, Mao continued his criticism of Khrushchev and the Soviet Union in the years to come, for example in "On Khrushchev's Phony Communism" of 1964.

6.5 Reflections in the CMJ

Considered one of the fields of priority for scientific research, the Soviet influence in medicine is rather noticeable in the Chinese Medical Journal, although both versions paint a slightly different picture. In the Chinese version of the CMJ, Soviet influence is mostly visible through articles on Russian or Soviet medical theories. These theories include painless childbirth, nutrition treatment and tissue therapy. However, articles on those topics are easily outnumbered by articles on Pavlovian theory. Between 1953 and 1958, the Chinese CMJ published 10 articles and book reviews based on Pavlovian physiology. In the English version of the CMJ, medical articles on Soviet science are not that numerous. Painless childbirth is mentioned a few times (CMJ, 1953), but references to Soviet science mostly occur in political editorials. In July 1953, October 1956 and November 1957, the English CMJ published articles with phrases like “Learn from Advanced Soviet Science” or “Learn from the Soviet Union” in their titles. Interestingly enough, the content of the articles refers only to the need to learn from the advanced Soviet Union: It provides hardly any specification of what it is exactly that should be learned. This again raises the notion that the English version of the CMJ is used to send clear political signals into the outside world.

The development and deterioration of Sino-Soviet relations, especially in the field of science, can also be noted when looking at both versions of the CMJ. The English version of the Journal shows how important medical exchange was around 1953, when five articles on the Soviet Union were published in the journal. Although the tone in articles on the Soviet Union does not change over time, the number of articles does. After 1953, there are only three articles involving the Soviet Union published in the English version of the CMJ. The last one is published in 1960 and until the end of 1965, the Soviet Union is not mentioned again. Interestingly enough, the Chinese version of the CMJ shows a similar pattern. In 1953, 17,39% of all CMJ articles referred to the Soviet Union or to Soviet medical theory. By 1958, this percentage had dropped to 0,88% (See Chapter 2).

7. Conclusion

This thesis centred on medicine policy in China from 1949 to 1962, a time period roughly corresponding with the foundation of the PRC and the end of the Great Leap Forward. Specifically, the aim of this thesis was to find out if there are grounds to assume that the deteriorating relationship between the PRC and the Soviet Union has been a cause for the reversal of PRC medicine policy that took place in the 1950s. Clues for this idea can be found in the work of academics, who assume that Mao often used international politics to set the national political agenda. The first part of the thesis was concerned with establishing whether or not there truly was such a policy reversal. An overview of literature on this subject, as well as an analysis of the Chinese and English versions of the leading Chinese Medical Journal have shown that such a policy shift did indeed take place.

The second part of the thesis has provided the necessary political context needed to fully grasp the underlying political motives and trends that influenced policy change on the specific terrain of medicine. The third part of the thesis delved into Sino-Soviet cooperation, specifically cooperation in the field of science and technology. It also discussed some of the reasons offered by scholarly literature for the deterioration of the relationship that culminated in the withdrawal of Soviet specialists from China in 1960. Causes for the decline of Sino-Soviet relations can be united under the term 'ideology'. Ideological differences over the correct economic development in China between the PRC and the Soviet Union, as well as the process of destalinization in the USSR were the two causes that drove Mao in the direction of ideological radicalization.

In his theory on policy shifts in China, Richard Suttmeier describes alternating periods of regularization and mobilization. A shift from regularization to mobilization or the other way around takes place whenever societal experimentation is needed to reach the goals a certain state has. The shift touches upon several policy areas at the same time. The exact moment of policy change is determined by ideology. In the case of the policy shift in the mid-1950s', the original economic model had run its course. A change in policy was needed to boost China's economy: economic prosperity would enable the PRC to accelerate the transition towards socialism. Khrushchev's Secret Speech proved to Mao that liberalization would be dangerous for his position as China's leader. This pointed him to the opposite direction, towards a course of radicalization. Furthermore, Mao decided to adjust his 'Learn from the Soviet Union' slogan into a notion of 'self-reliance'. China's indigenous medicine could serve as an excellent example of the longstanding Chinese capability for self-reliance. In this regard, it is no wonder that Chinese medicine entered the spotlight when regard for the Soviet Union started to wane. The analysis of the CMJ, which points to an increase in content on Chinese medicine and a decrease of Soviet Union-related content within the same timeframe, confirms this finding. Findings in literature

and the CMJ-analysis show that it can be argued that changing Sino-Soviet relations as a consequence of ideological disagreements have played a role in the mid-1950s policy shift towards ideological radicalization. This policy shift covered not only economic policy, but also medicine policy. However, the extent of influence of Sino-Soviet relations on the mid-1950s policy shift should not be overestimated. Political developments on the Chinese national stage might also have played a major role. The Hundred Flowers Campaign, meant to encourage debate on China's development, turned into full blown criticism of the ruling CCP. This surprised and threatened Mao, who foresaw threats to the stability of the PRC. He followed the Hundred Flowers Campaign with the Anti-Rightist Movement to silence the critics. While intellectuals were prosecuted and sent to labour camps, Mao embarked on the course towards the Great Leap Forward. The overarching ideological debate at the base of these campaigns, was a debate between reds and experts. The shift from regularization to mobilization that commenced with the Anti-Rightist Movement and the start of the Great Leap Forward reflect a victory of the red camp. When the Great Leap ended in 1961 and a new period of regularization began, the experts temporarily took over the reign of the PRC.

Apart from political developments both abroad and in China, the personal abilities of Mao himself should not be disregarded. Given his need for self-preservation and obvious talent for manipulation, the possibility that Mao only employed changing Sino-Soviet relations for his own personal gain is not out of the question. The Second Taiwan Strait Crisis serves as an example of Mao's ability to frame international events for his own use.

This thesis has shown that a change in medical policy in China coincided with a change in Sino-Soviet relations. Indications that the two are in relation with each other stem from ideological disagreements between the two countries, followed by a Chinese change of course. This research is too limited to draw any conclusions as to the extent of the influence of Sino-Soviet relations on policy change, but it might offer a starting point for other academics to investigate this subject further.

8. Appendix 1: Table of Contents of a Chinese Medical Journal (Chinese version)

中華醫學雜誌

1956年 第1号

(第42卷第1期) (1月1日出版)

消滅醫療事故	人民日報社論 (1)
積極領導和組織西醫學習中醫	傅連嘯 (3)
著 述	
抗生藥在醫療保健事業中的地位	崔文田 (5)
血吸蟲虫卵在小白鼠肝臟內發育過程的初步觀察報告	劉紹渝 (7)
用經過靜脈感染的小白鼠研究抗結核藥物的方法	方綱 劉宏道 (17)
血漿中凝血活酶因子缺乏症	王振文 謝鼓雄 (20)
直接塗片、濃集及培養法對檢查溶組織阿米巴效率比較的初步報告	張景斌 梁君謀 鄧紹輝 (26)
顏面及手部嚴重燒傷的晚期治療(第二部分)	宋儒耀 (27)
巴甫洛夫大腦皮層機能定位學說及其優越性	方紹慈 (33)
扇型傳染性單核細胞增多症	樓方岑 (36)
蘭州所做白血細胞及嗜中性白血細胞之分類調查報告	張愛誠 (40)
痛風及痛風性關節炎兩個報告	何南群 趙易 賈大元 (45)
睡眠療法工作的幾點体会	吳振庚 (47)
胃何杰金氏病一例報告	顧寄凱 李彥三 (50)
應用多價痢菌噬菌體於菌痢的快速診斷	宋家興 (52)
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對氫柳酸過敏反應引起肝炎一例	樊子良 (56)
直腸鏡檢引起腸穿孔的問題	程淑明 (59)
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中華醫學會總會主編 人民衛生出版社出版

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9.2 Chinese Medical Journal sources

English version:

Year	Volume	Issues
1949	67	1-6
1953	71	1-6
1954	72	1-6
1956	74	7-12
1957	75	1-12
1958	76	1-6
1959	78	1-6
1960	79	1-6
1962	81	1-12
1963	82	1-12
1964	83	1-12
1965	84	1-12

Chinese version:

Year	Volume	Issues
1953	39	7,9
1954	40	1,5,7-12
1955	41	1,2,4,6-12
1956	42	1-12
1957	43	1-12
1958	44	1,3-12
1962	48	7-12