

Editorial

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The Central Committee of the Chinese Communist Party ended its plenum on 18 October 2011 with a communiqué affirming that as a major form of support for national unity and a source of creativity, China's cultural industry will play a more critical part in the country's economic and social development.⁽¹⁾ This document demonstrates again the Chinese authorities' determination to boost the country's "soft power." A year earlier, on 16 November 2010, the inclusion of some aspects of Chinese medicine in UNESCO's list of the intangible cultural heritage of humanity was heralded in China as an important step in this direction. In this special issue, "Chinese Medicine: The Global Influence of an Evolving Heritage," *China Perspectives* offers a range of analyses to foster competing reflections on numerous problems linked to this medical system's development.

Europeans first encountered Chinese medicine in the seventeenth century, through travellers' accounts and then from information gathered by Jesuits and some physicians in maritime companies. The attraction it held for some led to the launch of its export to the Western world.

In contemporary China, the development of Chinese medicine has paralleled upheavals in China's political life over the past century. In the early twentieth century, the comparison with Western medicine led many Chinese intellectuals to see their own medical tradition as a form of superstition. For instance, Lu Xun reflected on his experience after discovering Western sciences by saying, "I gradually came to the conclusion that Chinese doctors were, consciously or not, mere quacks."⁽²⁾ During this period of declining confidence in China's own traditions, several movements followed, in line with the numerous political choices: a refusal to allow the death of an indigenous medical tradition that was still delivering much service; efforts at nurturing this heritage by enriching it through new inputs from Western biomedicine; and abandoning this cumbersome cultural heritage that was deemed ineffective from a therapeutic point of view. The Nationalist government leaned towards this last line of thought prevailing in the late 1920s. A symbolic moment in this period was the first national meeting in February 1929 convened by the Nanjing government's health ministry, when many scientific authorities defended the slogan "abolish Chinese medicine" (废止中医 – *feizhi zhongyi*). A short period of rejection also followed the founding of the People's Republic of China. But Mao Zedong's decision to make it a "national cultural treasure" marked a change of fortune for Chinese medicine, leading the Communist Party to give it the political and economic backing needed not only to survive but also to grow and expand. This transformation was not without intense political struggles, however, with multiple and often contradictory governmental decisions.⁽³⁾

These reforms, integrating Chinese medicine into the public health system and university education with the same status as Western medicine, led to radical transformations in its practice, as well as in the way it was transmitted to succeeding generations. For half a century, Chinese medicine has enjoyed major national support and is gradually being included in some other countries' lists of available cures, with a progressive institu-

tionalisation that remains incomplete and imbalanced. The questions this raises regarding identity, durability, and the changes and challenges facing Chinese medicine in today's world, are dealt with in Éric Marié's article. He analyses the different ways in which this discipline is transmitted, their juxtaposition and confrontations in China today, and the manner in which it has evolved while spreading to the West. After a brief account of Chinese medicine's adaptation outside its original cultural milieu, he presents possible perspectives of the role of universities and research institutions in respecting this medical system's unique aspects while facilitating its accession to a new dimension, in consonance with the contemporary world.

Frédéric Obringer describes the extent to which Chinese medicine's inclusion on UNESCO's list of the Intangible Cultural Heritage of Humanity has stemmed from a complex history and "may be seen as a defensive reaction to attacks that had been directed at it for nearly a century." He sheds light on this development with a detailed analysis of China's own national cultural heritage list, which had included aspects of Chinese medicine other than the acupuncture and moxibustion that UNESCO recognised in 2010. His analysis points towards two competing pulls: guarding the living tradition of Chinese medicine as a cultural heritage, or obliging it to take on the garb of biomedicine at the risk of losing its soul.

These are by no means the only two obstacles blocking Chinese medicine's institutionalisation process. Pierre-Henry de Bruyn and Évelyne Micollier discuss a series of issues – ideological, epistemological, political, economic, and didactic – inherent in its contemporary development. The different factors noted in their article clearly show that Chinese medicine is already a *de facto* globalised medical system. Through adaptations to different countries, it will open up new vistas of research.

It was not only in China that Chinese medicine developed. For centuries it has greatly influenced East Asia and has had exchanges with other medical traditions. In Europe, it has gradually won the interest of therapists and doctors who imported this exotic knowledge on their own initiative. More recently, China's growing political and economic profile in Africa has again fuelled the spread of Chinese medicine. The articles by Kang Yeonseok, Lucia Candelise, and Hilaire de Prince Pokam illustrate respectively these three basically distinct development processes outside of China.

In a panoramic outline of Korean medicine's history, Kang Yeonseok goes over the historic interactions between the construction of knowledge and use of the *corpus* of sources common or specific to each of these traditions. He shows that the Chinese tradition has sent and received influences to and from other local traditions. Korean medicine's example is emblematic of the questions such encounters engender: is this a case of local specificities of Chinese medicine, or of autonomous medical systems despite the shared use of some basic texts? Beyond theoretical or practical

1. *South China Morning Post*, 19 October 2011, p. A5.

2. Lu Xun, *Cris (Call to arms)*, Joël Bellassen et al. (trans.), Paris, Albin Michel, col. "Les grandes traductions" (Major translations), 1995, preface.

3. Zheng Dan, "Yishixingtai zhongyi cunfei zhi zheng" (Controversies on the abolition of Chinese medicine under the influence of political ideologies), *Ershiyi shiji*, no. 122, 2010, pp. 56-65.

particularisms, what emerges is the problematic of identity of the two respective systems, often entangled through the interference of national sensitivities.

Lucia Candelise offers a comparative study of Chinese medicine's diffusion in France and Italy. In a methodological approach deliberately limited to acupuncture practitioners in the two countries, and through interviews conducted from 2002 onwards, she shows how the discourse on this very precise genre by French and Italian practitioners of Chinese medicine reveals perpetually changing motivations and appropriations specific to distinct national contexts. Her article thus reveals very concretely how, while responding to the exigencies of each social, cultural, and professional context, Chinese medicine undergoes far from identical changes in European countries.

Finally, Hilaire de Prince Pokam examines Chinese medicine's implantation in Cameroon, analysing the way it has been received and adapted, as well as its competition with local medical traditions. He also shows to what extent it can act as a tool of China's expansionist policy in Africa, the

so-called "soft power" strategy in pursuit of economic and political interests. A sort of implicit medical colonisation is going on and is being well received because it helps ameliorate and diversify the cures available to local people. This process thus covers multiple issues, including influences on the rebirth of local medical traditions, which benefit from this opening to sprout anew and organise.

These contributions by authors from different disciplines bring out the interest in Chinese medicine holds in many fields: history, sinology, anthropology, as well as economic and political sciences. This diversity of approaches and viewpoints affords analytical tools and elements of complementary understanding. At the same time, while having become a world heritage and subject of social science studies, this medical system is above all a means of treating millions of patients. Preserving and evaluating this practice constitutes a major public health issue that concerns not only China but the world as a whole.

■ Translated by N. Jayaram