

Cultural Tracing and Political Power: Historical Narrative of the Chengdu Traditional Chinese Medicine College in the 1950s (Note 1)

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Received: June 5, 2022

Accepted: June 25, 2022

Online Published: June 30, 2022

doi:10.20849/ajsss.v7i6.1207

URL: <https://doi.org/10.20849/ajsss.v7i6.1207>

Abstract

Chengdu Traditional Chinese Medicine College is one of the first four TCM colleges in the People's Republic of China founded in 1956. The central government made the establishment decision and Chengdu face the southwest of China to enroll. The College's training objectives, educational system, and student number were all uniformly stipulated by the top. The College planned to train senior practitioners with Marxist and Leninist ideas and mastery of Chinese medicine academic knowledge and medical technology for Socialist Construction and people's healthcare. The founding of the Chengdu College of TCM is on the track of modern Chinese medical history. Chinese medicine has become an issue to debate since modern times, in the face of the abolition crisis and scientific discussions, Chinese medicine education is learning from the West to promote. The close connection between traditional medicine and the mass reflects its cultural connotation. The rehabilitation of Chinese medicine as a medical discipline is inseparable from the ruling party's support. Chinese medicine is a tool to consolidate the regime of the Chinese Communist Party. Founding the TCM colleges is beneficial for training many practitioners to serve the state power.

Keywords: traditional Chinese medicine, modern china, cultural connotation, power

1. Introduction

Since the modern era, the repeated abolition of Chinese medicine has led to debate rising from the level of medical science to politics-culture. (Note 2) Chinese and Western medicine are academic systems that emerged from two cultures. In China, where "culture" itself was the cement and hallmark of the traditional civilization, the modern concern has been particularly sharp precisely in the cultural fields. One signal of it is the persistence of a semantic dichotomy in many cultural spheres, not only in medicine, from *yi* (医 herb) to *zhongyi* (中医 Chinese medicine), and more instances like, "Chinese painting" and "Western painting," "Chinese drama" and "Western drama." (Note 3) Chinese medicine has been labelled the *jiuyi* (旧医 old medicine) which faced an abolition crisis in 1929 by Yu Yunxiu. Discussion in the context of China's modernization, learning from the West is the trend, Chinese medicine roots in China, be recognized with the attributes of old, feudal, superstitious and unchanging.

After the founding of the People's Republic of China, the Chinese Communist Party, as the ruling party, maintained an attitude of solidarity and unity toward Chinese medicine, which gave the practice an opportunity to grow. Mao Zedong saw Chinese medicine as suitable for the socialist political system and help the healthcare for China's huge population. Because it embodied self-reliance, "among the people," localization, and patriotism. (Note 4) These characteristics show that Chinese medicine is conducive to the rule of China. In 1956, the central government decided to establish four colleges in Shanghai, Beijing, Guangzhou, and Chengdu to standardize the knowledge and practice of Chinese medicine. (Note 5)

The case and source use of this study are unique. The main content examines the preparation and courses of the Chengdu Traditional Chinese Medicine College on the 1950s. (Note 6) The case study based on the College's original archives. It is the first use of these files. Put the discussion on the track of modern Chinese medical history. Because of the leader's support, Sichuan government fully cooperated with the establishment. The TCM colleges provide a place of succession in the lineage of Chinese medicine as discipline. And many famous Chinese medicine physicians were enthusiastic and willing to work as teachers to join the education industry.

The aim and goal of the College, is to educate Chinese medicine practitioners of "red and expert" 又红又专.

“Red” is the ideological requirement that students should study Marxism–Leninism and show they follow the CCP’s policy to demonstrate their role for Socialist Construction. “Expert” refers to the skill, which means learning Chinese medicine as a focus but also studying modern Western medicine theory. Then, the student can identify the symptom, and solve diseases. Chinese medicine has a people-oriented feature, and the Party pursued a line of service to the people. Therefore, the CCP’s support for the TCM was not limited to lamenting the imminent demise of the discipline, but rather out of a desire to flourish the traditional and national culture, and to secure the orthodoxy of its regime.

2. Reform and Compound: The Stream of Traditional Medicine Before 1956

Throughout the Republican period, the appeal of the struggle of the Chinese medicine communities can be summarized in two aspects, train successors and strive for the equal treatment of traditional and Western Medicine.

Firstly, the legalization of Chinese medical education. In 1912, the Beiyang government formulate the Renzi Guichou School System. The category of medicine in total included anatomy and 51 majors, and pharmacy was divided into organic and inorganic chemistry and 52 majors, both of which are not included in Chinese medicine. It is called “Omission of Chinese Medicine Case”. Then, in 1929, Yu Yunxiu proposed the “Abolition of the Old Medicine Case” in the First Central Health Committee. One of his proposals is related to education, that is limit running schools and stop the number growth. (Note 7) Yu called Chinese medicine *jiuyi* and Western medicine *xinyi* (新医 new medicine). He understood Chinese medicine, as an old practice, was unscientific, feudal, should be eliminated and replaced by the new.

Yu’s arguments reflect the view of many intellectuals at that time. Then, for survival, traditional doctors began to learn from the modern education system, such as schooling, compiling textbooks, clinical practice. The practitioners realized that Chinese medicine education needs to be standardized and reformed, learn from the West, and then be included in the national education system to be guaranteed.

Secondly, equality of political status. One is to show a huge build-up, and the other is to fight for the seats and official support. Traditional physicians wanted the government fund and advocate Chinese medicine nationwide. The National Federation of Medical Associations proposed to the government that a national medical school be set up in 1930, following the example of the National Wushu Gymnasium 国术馆, with a charter, called National Medicine Institute 国医馆. The local branch was established subsequently, for instance, National Medicine Institute of Sichuan Branch was set up in 1932. The practitioners to confront with dismissive calling *jiuyi*, put forward to the patriotic title as *guoyi*.

In 1936, the Kuomintang Government summoned the National Convention. Western medicine practitioners were in the majority among the physician delegates. The imbalance in numbers stirred up discontent among the Chinese medicine communities. The provinces of Hunan, Fujian, Guangdong, and Sichuan all sent letters to the central government asking for explanations and expressing the requirement that the number of delegates would be “evenly dictated to show fairness and avoid disputes over opinions” 平均支配以昭公允而免意见纠纷. (Note 8) They saw having a voice in state institutions was an effective way for Chinese medicine to grow.

After the founding of the PRC in 1949, the work of Chinese medicine is in a process of exploration. It needs to play a role in public health, show the strength in the prevention and treatment of infectious diseases. At the first National Health Conference held in August 1950, the central government proposed the basic principles of health work as “Oriented toward workers, peasants and soldiers, prevention first, and unity between Chinese and Western medicine” 面向工农兵, 预防为主, 团结中西医. Thereafter, Premier Zhou Enlai announced that health work would be combined with mass campaigns. (Note 9) The “unity between Chinese and Western medicine” is a unique medical model in China, that is Chinese medicine must learn from the scientific knowledge of Western medicine; Western medicine must study the popular and widespread spirit of Chinese medicine. (Note 10) Although, apprentice training 带徒弟 for new traditional doctors was permitted, scientific reform of the old-style doctors had high priority. (Note 11)

After 1954, the authorities’ attitude has a transformation. The turning is following Mao Zedong’s instruction. He proposed to correct the prejudice against traditional medicine and regard Chinese medicine as the country’s precious cultural heritage. Then, he advocated “Western medicine learn from Chinese medicine” 西医学习中医 in June 1954. (Note 12) Hereafter, He Cheng and Wang Bin, the leaders of the Ministry of Health, were criticized by Mao. Mao imputed them for the discrimination against traditional medicine and limited its prospect.

Furthermore, Chinese Medicine Improvement Schools established nationwide for short-term training since 1954, included Chengdu Chinese Medicine Improvement School 成都中医进修学校. The school provides rich

educational resources for the Chengdu College of TCM and merged into the one in 1958.

Chengdu Chinese Medicine Improvement School was opened in May 1954. Most of the students were medical and health personnel from all over Sichuan who had already self-learned Chinese medicine and practiced it. The aim was to continue education. In those days, the school only carried out two types of courses, one is refresher course 进修班, another is acupuncture class. The refresher course is to teach internal medicine, *Shanghan lun* (伤寒论 Treatise on Febrile Diseases), pediatrics, Chinese medicine herbal, etc. The main teachers in this class were teachers and graduates of Sichuan National Medicine School. (Note 13) Li Sichi, Deng Shaoxian, Ling Yikui, Zeng Yingtai Pu Xiangcheng, and Zhang Hua et, who were the first participants at the school. In 1956, they continue to serve as educators of the College and contributed to the founding of the college's various subjects. (Note 14)

In general, Chinese medicine is challenged and questioned by Western medicine since the modernization. The Chinese Communist Party as the ruling party in China after 1949, their policy orientation has a turning point in 1954. The leaders more recognized Chinese medicine as part of "the cultural legacy of the motherland" 祖国的文化遗产 that need to be caring. (Note 15) And scientific the knowledge level of Chinese medicine practitioners always in the process. Traditional medicine education has undergone a transformation in modern China. Integrate itself with Western medicine is a character that helps it creates a favorable publicity.

3. Taking the Lead: The Establishment of the Chengdu College of Traditional Chinese Medicine

Higher-learning medical colleges are established under the struggling path. During May 16–17, 1956, the Ministry of Health held a symposium on the discussion for the preparation of the Colleges of TCM. Representatives of the Sichuan Provincial Department of Health was Zhang Hua and Hou Zhanyuan from the Chengdu Chinese Medicine Improvement School. The first batch of Chinese medicine colleges are in Chengdu, Shanghai, Guangzhou, and Beijing, located in the east, west, south, and north of China. And the student number setting is 120. To meet the needs of education, there was an annexed hospital with inpatient department and outpatient department. College officially opens in September. The four colleges, named according to their city, for instance, the college established in Chengdu, is called the Chengdu College of TCM. (Note 16)

Sichuan Provincial Health Department oversaw the establishment work. (Note 17) The Preparatory Committee of the College was set up in Chengdu Chinese Medicine Improvement School on July 5 with 11 members. Six groups under the Committee—including the secretary of personnel, teaching, materials, general affairs, finance, and infrastructure. The groups successively carried out work relating to the layout of the College building, task of enrolling students, compilation of the syllabus of teaching materials, budget, procurement of public goods, and planning of capital construction. (Note 18)

The aim and requirement for education were as follows:

为了继承和发扬祖国医学遗产和接受行将凋谢的老年中医的经验，有计划地培养为社会主义建设，为人民保健事业服务的，具有马克思、列宁主义修养的，体魄健全的、掌握中医学术知识和医疗技术的高级中医人才。要求在学术方面，以中医药学术为主，同时适当地配合学习现代基础医学以及苏联先进医学经验。使其具有成为祖国医学的医疗、教学、研究工作的能力。

To inherit and carry forward the heritage of Chinese medicine and to accept the withered experience of the elderly traditional practitioners, the program aims to train senior practitioners with the cultivation of Marxism-Leninism, sound physical fitness and mastery of Chinese medicine academic knowledge and medical technology for Socialist Construction and people's healthcare. In academic terms, the aspects of Chinese medicine should be the focus, while appropriately complementing the study of modern western medicine as well as advanced Soviet medical experience. They will have the ability to become competent in the medical, teaching and research work of the Chinese medicine.

The terms "heritage" 遗产 and "experience" 经验 refer to long historical line of Chinese medicine. Lack of doctrine summary and focus on practice. For ideology, the students are required to learn Marxism-Leninism ideas and follow the CCP's policy to involve in state-building. The term *zuguo yixue* 祖国医学 appears twice in the aim, emphasizing the national character of Chinese medicine. About the academic study, both Chinese and Western medicine need to be study, but have a focus. The colleges more specialized in traditional medicine subdisciplines.

For teachers and textbook compilation, the central government had instructed that those teachers for Chinese medicine should be brought in locally. Regarding the selection of teaching materials and syllabuses, the Ministry of Health would only draw up the scope of the teaching content, it relied heavily on local teachers to write the materials. The Preparatory Committee set up an editorial team in July to begin work on the syllabus and lecture

notes. The Sichuan Provincial Health Department also provided full support, helping to recruit teachers for the courses, and seeking part-time or full-time teachers for the public course. Chinese teachers had to ask the government to send one or two good librarians from the Institute of Literature and History to teach. (Note 19)

The curriculum standards were:

- 1). Compulsory public courses: Chinese, physical education, military medicine and military training, history of the Chinese Revolution, political economy, the foundations of Marxism-Leninism, dialectical materialism, and historical materialism.
- 2). Chinese medicine courses: *Nei jing*, *Shanghan lun*, *Jingui yaolüe* (金匱要略 Synopsis of the Golden Chamber), Ben Cao Jing, Febrile Diseases, History of Medicine, Selected Doctrines of Various Schools, Chinese Medicine Pathology, Chinese Medicine Diagnosis, Chinese Pharmaceutical System, Chinese Medicine Formulas, Outline of Healthcare, Acupuncture and Moxibustion, Chinese Medicine Surgery, Chinese Medicine Pediatrics, Chinese Medicine Gynecology, Medical Cases of Various Departments.
- 3). Modern medicine courses: Human Anatomy and Physiology, Pathology, Pharmacology, Fundamentals of Internal Medicine, General Theory of Surgery.
- 4). Course proportion: Apart from the compulsory public courses, 70% of the time was for Chinese medicine and 30% for modern medicine. (Note 20)

The editorial groups for *Shanghan* and *Nei jing*, the history of Chinese medicine, Chinese pathology, and Chinese diagnosis. The teachers first studied the draft teaching program and the method of preparing the syllabus and lecture notes prepared by the central government and decided on the principle of “specialized in Chinese medicine, being responsible for national medicine, being responsible for the students, and collective work with everyone’s hands.” Specific requirements were set out, such as that stating, “each section of the lecture notes should have prompts, key points, paragraphs, and summaries.” Teachers tried to standardize the education practice.

The teachers were full of enthusiasm in textbook edition. They worked in the hot weather of Chengdu (39 °C) and said: “Make sure we have the syllabus and lecture notes to start the course on September 1.” For instance, Mr. Kong Jianmin of the History of Medicine did not even take a break with his high blood pressure at 200mmHg, and often forgot to eat to argue some questions. The College finally completed the task on August 27. Their first draft of some of the lecture notes was agreed by the Ministry of Health for trial, to ensure the teaching could begin on time. Since the start of classes and due to lack of staff, the editorial office was abolished, and the editing of the lecture notes was entrusted to each teaching and research group; the method of teaching while editing was adopted. The preparation of each lecture was divided into the following: one-half of *Nei jing* and *Shanghan lun*, one-half of Pathology, four-fifths of Diagnosis, two-thirds of Materia Medica and History of Medicine were completed, all of which were taught with lecture notes. (Note 21) This shows the passion that Chinese medicine practitioners had for the profession.

Students were recruited from four sources: 1. high-school graduates (50%), allocated by the Ministry of Higher Education; 2. in-service health cadres; 3. outstanding graduates from secondary schools of medicine; and 4. young Chinese medicine practitioners. The latter three ways were to be settled locally. The proportion of each was determined by the locality and not necessarily distributed equally. The College organized an Admissions Working Group at first, in which the TCM Section of the Sichuan Provincial Department of Health was also represented. Information on admissions was also advertised in the *Sichuan ribao*. (Note 22) The admission was mainly for the southwest of China. Then, the College had two concerns in the process, namely the poor standard of the students and the unsustainable quality of students’ living conditions. In the end, the enrollment was completed on August 10, and the College had taken in 125 students.

According to the document, the floor area was specified as 28m² per student, but the actual average area was only about 2m², a large disparity. For teachers’ accommodation, the best condition was one person in one room, about 10m², and the worst was three people in one room, also with the size of only about 10m². (Note 23) So the accommodation conditions for teachers and students were poor, the realistic allocation of resources was far from keeping up with the state’s requirements, the financial support was also delayed. The housing problem required constant communication, discussion, and solutions between the College and the local government.

In 1956, the decision by the CCP to establish four TCM colleges is a signal of the ruling party’s support for TCM. And recognize it as a part of the state’s medical work. The mission of the Chengdu College of TCM focuses on the southwestern region, to train the practitioners who follow the leadership of the CCP as well as rich in professional knowledge. Their successful completion of the instruction reflects that the executive ability of the

Sichuan government in charge of educational works was strong. Sichuan government obeys the policy and helps with the construction of the infrastructure and the arrangement of the teaching staff. However, the preparation and operation of the College rely on the enthusiasm and insistence of the teachers. In the early days, there were fewer teachers, and they persevered in the cause of TCM education. There is a large gap between the goals set by the state's planning and the local reality, and it also facilitated communication between the central and local levels, with the specific local implementation prevailing. The establishment of these colleges is the beginning of higher education in TCM in the PRC. It is a place of succession in the lineage of TCM development.

4. Political Awareness and Medical Training: Teaching Courses in the College

This is an experience of a former professor at the Chengdu University of TCM. Chen Chaozu (1929–2018) was born in Lichang Township, Yibin County, Sichuan Province. During his childhood, he studied at a private school, so he could read ancient texts and learn good calligraphy skills. As a result of his grandfather's smoking opium, he lost several acres of land and became a farmer. Chen Chaozu's father was a factory worker, his mother farmed, and he had two brothers and a sister. From 1946 to 1948, he studied at Yibin Normal School, which was publicly funded and could ease the family's burden. However, his eldest uncle, Chen Jirong, knew something about Chinese medicine, and with his mother's constant illness, Chen Chaozu was determined from an early age to pursue a career in medicine. After graduating from the teacher's college, he chose to study Chinese medicine under his father's generation and fellow famous practitioners Sun Tingfang and Chen Jirong, in addition to teaching in a private school in his hometown.

From 1950 to 1953, because Chen Chaozu had studied, he was selected for transfer to the township to carry out land reform, and in his spare time, he learned Chinese medicine by himself. Once the land reform was over, he continued his teaching work and joined the health workers' association. Later, in 1954, he worked at the Yibin County 14 District Health Clinic (United Clinic of Data District), where he was a practitioner and served as secretary of the sub-district and organized a study committee for democrats. In 1957, recommended by the Clinic, Chen Chaozu entered the refresher course at the Chengdu Chinese Medicine Improvement School. From September 1957 to August 1958, the teachers wanted to retain outstanding students to work for the school; Chen Chaozu was given this opportunity due to his excellent grades and topping the exam results, and was assigned to the teaching and research group of the prescription subject at the Chengdu College of TCM. (Note 24)

Prof. Chen Chaozu's experience reflects the trajectory he took on the path of Chinese medicine. Firstly, Chen Chaozu's family is poor, and the profession of Chinese medicine is not his first choice; secondly, his motivation to work in Chinese medicine is influenced by his family; thirdly, there are various ways to study Chinese medicine non-institutional, such as self-learning, apprentice training, and short-term training courses; and fourthly, China lacks inheritors of Chinese medicine. Prof. Chen has good fortune which coincided with the merger of schools and the expansion of the teaching staff. He stayed on to teach at the school.

The two schools through which Chen Chaozu experienced his education were the Chengdu Chinese Medicine Improvement School and the Chengdu College of TCM. The two schools run simultaneously from 1956 to 1958, and their faculties and teaching buildings are shared. For instance, Li Sichi and Wu Zhaoxian were the lecturers when Chen Chaozu attended the refresher course but were also teaching staff at the College. This situation compresses the living space of the improvement school, and their function overlapped. The College is primarily responsible for the medical department's courses for standard education. The improvement school is mainly in charge of refresher courses and correspondence courses. The two schools were also jointly responsible for teaching the Western Medicine Learning from Chinese Medicine course. Each of these courses had a different audience, with different teaching methods, learning approaches, and issues arising.

1. "Western medicine learning from Chinese medicine" course

"Western medicine learning from Chinese medicine," which is promoted as a state policy, began in December 1955. And is first established by the Central Research Institute in Beijing as a two-year course of study. Face the western medicine physicians. The main purpose is to develop the backbone of medical treatment, teaching, and the collation of research in Chinese medicine. (Note 25)

In June 1956, the Ministry of Health decided to organize a Chinese medicine research course in Chengdu for Western medicine doctors to study Chinese medicine. The Department of Health of Sichuan referred the program to the Chengdu Chinese Medicine Improvement School. A total of 39 people were recruited, mainly for the southwest region. Among them were people from Sichuan, Shanxi, Gansu, Qinghai, Yunnan, and Guizhou. Of the trainees' positions, 12 physicians attended, 25 assistant physicians, and two people who were formerly working in health administration. (Note 26)

Because the course followed by the policy, this made the local implementation a political task. The trainees were transferred by their superiors to participate. They would first learn about the CCP's promotion on TCM, and that the Party had a supportive and positive attitude toward the growth. However, the teachers were able to see that the students generally were not enthusiastic about participating and had great apprehensions in learning Chinese medicine.

The reasons for their discontent fell into three main categories. One is the disdain for the study of Chinese medicine as a discipline. Some trainees thought that "there is nothing to learn in Chinese medicine," "it's wasting time to learn Chinese medicine for Western medicine physicians". Secondly, a skeptical attitude about the method of study. Their belief was that TCM has no doctrines, and it is better to go to the hospital to learn treatment experience from TCM practitioners. The teachers' lack of experience in delivering the course, unfamiliarity with the textbook handouts also effected students' learning experience. Thirdly, the students concern about their personal career development. Some students thought that after two years of studying TCM, not only they will not have learned TCM well, but they will also have forgotten Western medicine knowledge.

The psychological fluctuations of the students had to be alleviated in the short term, otherwise it would not be conducive to the subsequent manage of the course. Accordingly, a two-week learning on the Party's policy toward Chinese medicine was arranged. When the College summarized this part, many of the terms used were exaggerated to the fact and politically biased:

让学员看到中医在治疗乙型脑炎、痔漏等病的疗效，反驳了认为中医无用的思想，从而认识到祖国医学在治疗某些疾病方面已超过了世界水平，只有认真学习才能在十二年内赶上世界科学水平，他们也认识到一个中国医生不懂中医是耻辱的；认识到学习祖国医学与学习苏联医学都是向科学进军，彻底批判了以往的错误看法和顾虑，进而端正了学习中医的态度，给正式开课奠定了良好的基础。（Note 27）

The trainees were shown the efficacy of Chinese medicine in treating diseases such as encephalitis B and hemorrhoids and refuted the idea that Chinese medicine was useless, thus realizing that Chinese medicine had surpassed the world level in treating certain diseases and that only serious study would enable them to catch up with the world scientific level within twelve years, and they also realized that it was a shame that a Chinese doctor did not know Chinese medicine; that studying Chinese medicine and Soviet medicine were both a march towards science, thoroughly criticized previous misconceptions and concerns, and thus corrected their attitude towards studying Chinese medicine, laying a good foundation for starting the course.

In the 1950s, the central government paid attention to publicize the effectiveness of Chinese medicine in treatment, especially infectious diseases. The newspaper and leader's speech attempt to show the technology and practice of traditional medicine. Then, the phrase "catching up with the world's scientific level" 赶上世界科学水平 shows signs of pandering to Mao Zedong's idea of "catch up" 赶超. At first, the idea referred to China tried to catch up with capitalist countries in terms of industrial manufacturing. (Note 28) And the head of the College borrowed it to describe the capabilities of Chinese medicine, indicating that he was following the political ideology of the leader.

In addition, the expression that it is a "shame" 耻辱 that Chinese physicians don't know Chinese medicine is oppressive and aggressive. Chinese medicine is not only seen as a medical subject but is also given the political direction of national, which is linked to patriotism.

Moreover, after the founding of the PRC, there was a wave of reform in higher education in Western medicine, following the example of the Soviet Union. (Note 29) Juxtapose traditional medicine with Soviet medicine, emphasizing that Chinese medicine, like Western medicine, is scientific, and modern, not outworn medical superstitions.

The systematic TCM training course officially started on June 4. The Improvement School established the principle of teaching, collecting feedback, and adjusting at the same time. After the policies learning, the subjects setting as follow: Chinese internal medicine, *Nei jing*, *Shanghan lun*, *Jingui yaolüe*, *Bencao jing*, the History of Chinese medicine, and dialectical materialism and historical materialism. Courses are mainly based on the classics of Chinese medicine, supplemented by political and ideological education.

This study course, which was the responsibility of the Chengdu Chinese Medicine Improvement School as well as the College, was run in a similar mode in many cities of China because the central government unified it. However, the target group was Western medicine doctors, sent to study traditional medicine full-time. Most of the students were pushed from their work units, and due to the uncertainty of their careers and titles, the students became resentful and apprehensive. The CCP responded by using political overtones to attach ideological value

to the study of Chinese medicine. The trainees were made to make sacrifices and choices to participate in the course out of a need for the nation and obedience to the authority of the ruling party.

In general, the course that Chinese Communist power forced Western doctors to study Chinese medicine sprang up after 1955. With a robust political agenda, both teachers and students at the College are involved in this unique and compulsory path of revitalizing Chinese medicine.

2. “Medical Department” 医疗系 studies

About the information of students and class management, the first batch of students enrolled in the Chengdu College of TCM numbered 125. Among them, there were 84 male and 41 female students; 60 freshmen from high-school graduation; 48 students already serving health care; 14 young Chinese medicine practitioners; 2 demobilized soldiers; and 1 primary school teacher. The youngest was aged 15 years old and the oldest 31. There were 19 Party members and 59 League members. The 125 students were grouped into two middle classes, one numbering 63 and one 62, with eight study groups in each class, each group with up to eight or nine people. The College established two Party groups, two League branches, two class triangles, and a student council. The class triangle consisted of the class president, league secretary, and student representative. (Note 30)

The courses and schedule offered by the Medical Department were in a state of flux. This was because the College was new, course schedules and policies issued were adjusted based on actual feedback from teachers and students.

The implementation of the teaching task was the following: *Nei jing*, *Shanghan lun*, and Pathology of Chinese Medicine were all offered as planned, while Chinese was stopped after two weeks due to poor teaching results and was not offered again. Physical education was held in the second week, and History of the Chinese Revolution was not held on time by lack of teachers.

In addition, the lecture and review courses were separate, with different teachers. The weekly courses were 28 hours. The lectures averaged 18 hours per week. The rest of time for revision and self-study. At the beginning of his stay, Chen Chaozu used to be a teaching assistant to guide the students for after-class study. This also led to the problem that some teaching groups did not communicate well regarding lesson preparation, and some tutors contradicted each other in their explanations of an issue, making it confused for the students to understand. Professionalizing Chinese medicine subjects is a goal that the College needed to complete.

In terms of student mentality, they effected by the campus environment, teachers, and the public opinion. Firstly, because Chengdu College of TCM was built on the site of the Chengdu Chinese Medicine Improvement School. The College’s plaque was not made in 1956. Some students complained about “the environment did not look like a college,” and “I would not have taken this major if I had known it was like this.” (Note 31) The campus environment was poor, lack of funding and the infrastructure was relatively backward compared to the average level of other universities, which did not match the psychological expectations of the students and thus created feelings of remorse and resistance. (Note 32)

Secondly, the improvement of the campus environment and the gradual calming of the students’ mindset were the result of the teachers’ hard work in communication. The teachers firstly conducted ideological education within the Party and the League members, asking them to understand the significance of the CCP and the government running the TCM college and the current difficulties, to unite the students and to improve their studies. They further made a report to all the students about the support and integration of Chinese medicine, the nature of the profession and the training objectives, and the vision of the College development, and organized blackboards, large-print posters, league magazines, talks, and other ways to inspire the students about their major. The teachers wanted to “relieve students of their confused thoughts and worries.” (Note 33) The College also explained the difficult situation to students, such as the small venues, crowded housing, and lack of sports grounds. This frank and honest communication allowed students to participate in the construction. A gentle persuasion was more likely to gain the students’ understanding.

Lastly, for the first batch of students in 1956, studying TCM is a courageous decision. Some parents against and questioned their children’s choice, did not send living expenses to their children said, “Who told you to change to learn Chinese medicine.” (Note 34) The public remarks effected student’s consciousness of study status. However, after the psychological fluctuations, students accepted reality and shifted their focus to the pedagogical effect of learning and were reassured by good teaching. (Note 35)

Chengdu College of TCM was started under the interweaving of enthusiastic promotion and questioning. Students’ dissatisfied views were considered by the teachers and officials. Then, the improvements were made to the campus environment, student welfare, and staffing, and there was positive interaction between teachers and

students. Lectures, revision sessions, and group discussion were the main forms of learning. The College was in a period of discovery, full of confusion and hesitation from students about the discipline, and nervous and hurried preparation from the teachers educating. After the merger with the Chengdu Chinese Medicine Improvement School, the College was strengthened in all resources. As a result, the Chengdu College of TCM has grown firmly under the efforts of the provincial government, medicine practitioners, and students.

3. Refresher courses and correspondence courses

The refresher courses and correspondence courses in Sichuan Province were both organized by the improvement schools in Chongqing and Chengdu, with the aim of promoting training works of TCM practitioners. Chen Chaozu attended the TCM refresher course held in Chengdu in September 1957. The training objective was that the students were required to obey the idea of Marxism–Leninism in politics and to have a clear target of service. And in ability they should learn the Chinese medical doctrines to achieve the purpose of being able to solve intractable diseases of people. (Note 36)

Refresher course is a one-year schooling, and the correspondence takes two-year. About the subjects, except the politics, refresher and correspondence class take the same courses. The course covered physiology, anatomy and meridians, microbiology and parasitology, *Nei jing*, diagnosis of Chinese medicine, treatise on typhoid fever, synopsis of the Golden Chamber, Chinese medicine and prescriptions, pediatrics, gynecology, *wenbing* (温病 Warmth factor disorders), acupuncture and moxibustion, first aid, and special reports. (Note 37)

The refresher courses were off-the-job courses for people who already have experience in medical practice in society and are of a short time for further study, but they cover a full range of teaching content. In addition to the basic courses in Chinese medicine, there was theoretical knowledge of Western medicine, such as anatomy and bacteriology, and for the protection of the health of women and children, courses in pediatrics and gynecology. The correct ideology of Chinese medicine practitioners was also what the CCP wanted to achieve. For instance, trainees were required to have a clear political background. The political curriculum was essential, also so that the Chinese medicine practitioners could develop a sense of service to the workers and peasants.

Correspondence courses were planned and guided teaching courses organized by the improvement school, mainly for self-study, with regular intensive face-to-face teaching. Participants were mainly aimed at practitioners who were working at the joint clinics 联合诊所 around Sichuan Province and could not take off work for some reasons. The trainees of the correspondence courses in each area operated in study groups. With a group leader chosen to register information about the participants, convey instructions, and distribute teaching materials. They required to reach the same level as those refresher students.

In addition to studying the content of the professional courses, the school distributed political study materials to the correspondence groups on October 16, 1956, that is, after the first stage of study, namely, “A Rural Joint Clinic that Values Learning,” “Three Visits in One Night,” and “Doctor Huang Takes the Apprentice.” The first two were taken from the *Jiankang bao* and the third from the *Renmin ribao*. Both were official propaganda newspapers of the CCP.

“A Rural Joint Clinic that Values Learning” narrated the story of joint clinic in Liuheying, Zhuo County, Hebei. The aim and requirements were to understand that the key to learning and working in a polyclinic was not to contradict, but to be organized and planned, and to remove all ideological barriers. The practitioners were required to strengthen their studies and continuously improve their politics understanding and professional practices to perform their tasks. It tells how its practitioners, both young and old, grew to like learning. At the end of the article, the author mentions that the joint clinic would serve and establish relationships with more agricultural production cooperatives.

The purpose of reading “Three Visits in One Night” is to appreciate the attitude of the 60-year-old physician Song Fangde, who worked tirelessly and faithfully to serve the people, and had a right spirit of *buzhuang dong* 不装懂, (Note 38) so that encouraged people to learn from him and measured his own work against this spirit. The article is about Song Fangde of the Luji Clinic in Baodian District, Hebei Province, who made three visits in one night to care for the patients in the bitterly cold winter. He was unable to cure the illness of the second patient, so he told him the truth and asked the patient’s family to find another doctor. After the three visits, it was already dawn, and he went to the clinic to attend a political study.

The third article is about Huang Shouren, a reputable Chinese medicine practitioner in Wuhan, who was enthusiastic about taking on apprentices, in response to the policy of Taking on Apprentices. The aim is to understand the policy as a good way for the CCP to further develop Chinese medicine. For the government, the

willingness of Mr. Huang to support the call for apprenticeships, and that his patience and enthusiasm in teaching the apprentices throughout his busy schedule were worthy of advocacy. (Note 39)

These three political study materials, firstly, reiterate the various policies and governing philosophy of the Party; secondly, encourage joint clinics in various places to participate in correspondence studies; and thirdly, preach the spirit of dedication and benevolence of doctors. By setting up medical stations in various places to serve agricultural cooperatives, the joint clinics were also supporting the state's rural land policy. Song Fangde was carrying out the spirit of service to the people. Huang Shouren's story exemplified his support for the CCP's policies and took the lead. The correspondence studies of the Chinese doctors were mainly for rural construction and the service of the grassroots. The CCP was also using the management of Chinese medicine practitioners to disseminate the ruling ideology into the local grassroots so that its national governance could be carried out.

The traditional Chinese cultural understanding of medicine emphasizes the unity of *ren* (仁 benevolence) and *shu* (术 skill). *Ren* means compassion for the patient, while *Shu* means the art and ability of prescription, which is the medical technique to relieve the patient's pain and suffering. *Ren* is a moral requirement for doctors, while *Shu* is a requirement for competence. (Note 40) The curriculum of the Chinese medicine study courses, medical faculties, refresher courses, and correspondence courses all placed political and ideological education before many professional courses, with the aim of training Chinese medicine practitioners with red and expert. "Red" was the ideological requirement that Chinese medicine practitioners should study Marxism–Leninism and show their support for the policies of the CCP to demonstrate their support for Socialist Construction. "Expert" was an ability requirement, which meant having the basic knowledge of Chinese medicine and being able to identify diseases and save people.

Chinese medicine has a "people-oriented" feature, and the Party pursued a line of service to the people. Therefore, the CCP's support for the development of TCM was not limited to lamenting the imminent demise of the discipline, but rather out of a desire to promote the local traditional history and culture, and to secure the orthodoxy of its regime.

In the 1950s, when educational resources were scarce and the learning environment difficult, calling on and encouraging groups of physicians and students to study Chinese medicine was necessary to guide the construction of their ideology. At that time, the prospect of Chinese medicine was not promising, and the disciplinary system of Chinese medicine was in the exploratory stage and immature, lack of institutional experience. People from the public also wrote the letters to help and care the College, sending the monographs and specimens of herbs for research. (Note 41)

These three types of courses retained some graduates to help the College in its discipline building. Up to 1962, 57 students had already stayed on at the College, and Chen Chaozu was one of them. (Note 42) When Chen Chaozu joined the College in 1958, he started as a teaching assistant and later joined the Formula teaching and research group, and in 1963 he began to write the textbook personally, Chinese Medicine Treatments and Formulas. The teaching material provision relied on the teachers to write their own resources. It was common for the teachers to have less experience in teaching and for the students to not understand and thus become hesitant to study Chinese medicine.

Placing political ideology education before the professional courses allowed students to see that the CCP, as the ruling party, was crying out for the development of Chinese medicine. This encouraged students' confidence to continue their studies and facilitated the training of TCM personnel on a large scale. Teachers were also looking at ways to better integrate teaching activities with academic research. In short, political awareness and medical knowledge were two elements that the TCM practitioners needed to possess to achieve their teaching objectives and to serve the mass.

5. Conclusion

Since the modern era, the repeated abolition of Chinese medicine has led to discussions on this topic rising from the level of medicine to political and ideological disputes. Chinese and Western medicine are academic systems that emerged from two cultures. During the modernization, when the conflict between Chinese and Western cultures has been fierce, the status of traditional Chinese culture has been in decline, and Chinese medicine has been questioned and denied. It is nonetheless a fact that Chinese medicine has roots in China that are thousands of years. It is a system of healing based upon the Chinese philosophy of the correspondence between nature and human beings. (Note 43) Most of its practitioners have been aware of Confucianism and Taoism and committed to inheriting and adhering to traditional Chinese culture, with the sentiment of saving Chinese medicine from the fire.

In addition, its practices have been labeled the *jiuyi* to *guoyi*. And then to distinguish it from Western medicine, and the word *zhongyi* was fixed after the founding of the PRC. In 1956, the translation raised “traditional Chinese medicine” with the political context of state-run. (Note 44) The term change also reflects the integration of Chinese medicine into the network of political power and cultural heritage to gain a broader space for survival and success in the struggle.

The dispute between Chinese and Western medicine has been accompanied by cultural rivalries. During the modern era, the conflict has progressed from confrontation to coexistence. Initially, the exclusion of Western medicine by Chinese physicians was a manifestation of “xenophobia.” They did not understand “other” medicine, and their rejection of medical missionaries was because they were from outside. (Note 45) Moreover, “from familiarity comes trust,” (Note 46) rejection–familiarity–conviction, this is the cultural inner working of the Chinese public’s acceptance of Western medicine. (Note 47)

The function of Chinese medicine education gradually came to the fore in the self-defense struggle of the practitioners. From the Republican period to the PRC, the compression of the space for the survival of Chinese medicine education, apart from the effect of outside affairs, was affected by the attitude of the ruling government.

During the 1950s, the practitioners were involved in the prevention of infectious diseases in the country but lacked self-worth during this period and had to be used as pawns, subordinate to the overall planning of the state for health work. (Note 48) The government incorporated Chinese medicine practitioners into the state’s management structure, valuing their large numbers and the need to unite them to carry the burden of health care for the mass.

In addition, the CCP’s work in promoting combined Chinese and Western medical treatment and reducing the confrontation between Chinese and Western medicine is still largely related to Mao Zedong’s instructions. During the Agrarian Revolution, (Note 49) in response to the total blockade by the Nationalist army, the Red Army began using Chinese herbal medicine for treatment. (Note 50) This was in response to the extreme shortage of doctors and sources of medicine. Mao Zedong supported not only Chinese medicine, but the spirit of Chinese physicians being able to reach out to the grassroots people and treat their illnesses. He wanted both Chinese and Western medicine to serve the military and the people, and abandoning Chinese medicine would leave the health of much of the people unprotected.

The establishment of the Chengdu College of TCM is also in the vein of China’s medical history. The fact that the TCM College was found with the support of resources such as teachers and buildings from the Training School shows that the successful operation was closely related to the population and capacity of Chinese medicine practitioners in the area, and they reserve the strength. During the Republican era, most Chinese medicine schools were privately run and volunteered, and the number of teachers and standard of teaching was not guaranteed. Because of the perseverance of practitioners in running schools, they contributed to the transmission of Chinese medicine. The establishment of TCM Colleges carried more than just a medical school, but the years of struggle and outcry of the group finally saw the light of day for the legal running of schools and the long-term training of TCM personnel.

A region needs to have a Chinese medicine school founded to provide a base for preserving and prospering Chinese medicine. Chengdu College of TCM provides a place for people in Sichuan Province, and indeed in the southwest and northwest, who are passionate the cause of Chinese medicine to study and improve. Undergraduate medical faculties, refresher courses, correspondence courses, and classes in Chinese medicine for Western doctors are conducted and cover various groups. The preparation, both professional subjects, and administrative offices are the result of communication and cooperation between the central and local governments.

Chinese physicians are the direct participants in and implementers of the College. From the production of educational materials, to balance the dual role of doctor and teacher. Their replies to letters from the people also have the effect of spreading the culture of Chinese medicine and establishing a trustworthy and reliable image of Chinese medicine. Their lectures are aimed at different audiences, and the teaching materials and methods change accordingly, which also requires the teachers to spend time devising. These educators would collect students’ opinions to improve their teaching skills; they tried to fight for students’ rights and improve their living conditions, such as publicly funded medical care, canteen meals, etc. The teachers’ energy and their concern about the lack of successors make them hold a strong belief in its transmission.

After 1956, many more specialized colleges of Chinese medicine were established in succession, and Chengdu College of TCM was one of them. This College is used as an entry point into the narrative of medical education. By extension, combining with the discussion of the policies, the presentation and analysis of the TCM colleges is a snapshot of careers in Chinese medicine in the PRC during the 1950s. The college establishment shows a

consequence, an instruction put forward by the CCP to concentrate on China's internal affairs and stabilize the regime. Furthermore, the founding also represents a process, a path of struggle that began in China's modernization, a path that has been preserved by the countless Chinese practitioners who have united themselves to the petition, propagate, and run the school to carry on the cause.

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Notes

Note 1. Chengdu Traditional Chinese Medicine College (*Chengdu zhongyi xueyuan* 成都中医学院): After 1995, it was renamed Chengdu University of TCM (*Chengdu zhongyiyao daxue* 成都中医药大学), and before that, it was called *xueyuan*, not *daxue*.

Note 2. The term "modern" as used in this study refers to after 1840.

- Note 3. Ralph C. Croizier, *Traditional Medicine in Modern China Science, Nationalism, and the Tensions of Cultural Change* (Cambridge: Harvard University Press, 1968), 4.
- Note 4. Heiner Fruehauf, "Chinese Medicine in Crisis: Science, Politics, and the Making of 'TCM'." *The Journal of Chinese Medicine*, no. 61 (1999): 8.
- Note 5. Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge: Cambridge University Press, 1999), 128.
- Note 6. Traditional Chinese Medicine is abbreviated to TCM, refers to Chinese medicine in general. This study based on Elisabeth Hsu's arguments, TCM refers to the government-promoted medicine only, like TCM policies and TCM colleges after 1949.
- Note 7. Zhao Hongjun, ed., *Jindai Zhongxiyi lunzheng shi* (History of Modern Controversies over Chinese vs. Western Medicine), 112-113.
- Note 8. Guomin zhengfu. "Guomin dahui zhiye quanti daibiao xuanju an II" (Election of Representatives of Professional Groups in the National Assembly II), 1936, No. 001-011142-00002-002, Taipei: Academia Historica.
- Note 9. Dangdai Zhongguo congshu bianjibu, ed., *Dangdai Zhongguo de weisheng shiye I* (Public Health Service in Contemporary China I), 6.
- Note 10. Ralph C. Croizier, *Traditional Medicine in Modern China Science, Nationalism, and the Tensions of Cultural Change*, 160.
- Note 11. *Ibid.*, 162.
- Note 12. Huang Yongqiu. "Jianguo chuqi xiyi xuexi zhongyi yundong de yanjiu, 1955-1959" (The Study on the Campaign of Learning Traditional Chinese Medicine by Western Medicine Doctors in the early Stage after the Foundation of People's Republic of China), 8.
- Note 13. Sichuan National Medicine School 四川国医学院, founded in 1936 by Li Sichi 李斯炽.
- Note 14. Pu Zhaohe, "Chengdu zhongyiyao daxue zhenjiuxue chuangshiren: Pu Xiangcheng" (Founder of acupuncture and moxibustion of Chengdu University of TCM: Pu Xiangcheng), last modified April 6, 2021, accessed online at <https://view.inews.qq.com/a/20210406A0018S00>.
- Note 15. "Guanche zhengque duidai zhongyi de zhengque zhengce" (Correct Attitude toward the Policy of Chinese Medicine). *Renmin ribao*. 1954.10.20.
- Note 16. Sichuan sheng weisheng ting, "Chuxi Zhongyang weisheng bu choujian Zhongyi xueyuan zuotanhui huibao tigang" (Report outline of the Symposium on the preparation of the College of TCM by the central Ministry of health), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 17. Chengdu zhongyi jinxiu xuexiao, "Zhongyi xueyuan zuzhi fangan" (Organizational Plan of College of TCM), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 18. Chengdu zhongyi xueyuan, "Jianyuan choubei gongzuo" (Preparatory work for the establishment of the College), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 19. Sichuan sheng weisheng ting, "Chuxi zhongyang weishengbu choujian Zhongyi xueyuan zuotanhui huibao tigang" (Report outline of the Symposium on the preparation of the College of TCM by the central Ministry of health), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 20. Chengdu zhongyi xueyuan, "Zhongyi xueyuan zuzhi fangan (caonan)" (Organizational Plan of College of TCM -draft), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 21. Chengdu zhongyi xueyuan, "Guanyu zhongyi yanjiuban he zhongyi xueyuan yiliaoxi de jiaoxue gongzuo jianbao" (Briefing on the teaching work of the research class of TCM and the medical department of the College), Dec 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 22. Chengdu zhongyi xueyuan, "Danganli de gushi: diyifen zhaosheng qishi" (The Story in the File: The First Enrollment Notice), last modified June 9, 2019, accessed online at https://www.cdutcm.edu.cn/czygs/jy/content_21176.
- Note 23. Chengdu zhongyi xueyuan, "Jianyuan choubei gongzuo" (Preparatory Work for the Establishment of the College), 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.
- Note 24. Based on the interview with Professor Chen Chaozu's son, Mr. Chen Shu, and the information he gave,

June 19, 2021, Chengdu.

Note 25. Jiankang bao bianjibu, "Report of the Party group of the Ministry of Health to the Central Government on the Results and Experience of the Full-time Western Medicine learn from Chinese Medicine Course" in *Renzhen guanche dang de zhongyi zhengce* (Seriously Implement the CCP's Policy on TCM), 2.

Note 26. Chengdu zhongyi xueyuan, "Guanyu zhongyi yanjiuban he zhongyi xueyuan yiliaoxi de jiaoxue gongzuo jianbao" (Briefing on the Teaching Work of the Research Class of TCM and the Medical Department of the University), Dec 1956, 1957-CZ11-2, Chengdu: Chengdu University of TCM Archives.

Note 27. Ibid.

Note 28. Qi Weiping and Wang Jun, "Guanyu Mao Zedong 'ganying chaomei' sixiang yanbian jieduan de lishi kaocha" (A Historical Research on the Formation and Development of Mao Zedong's Thought of Surpassing Great Britain and Catching up with the United States), *Journal of Historical Science*, no.2 (2002): 66.

Note 29. Ran Zhihua, Qiao Yuqi et al., "Xifang yixue kecheng tixi dui woguo yixue jiaoyu de yingxiang" (Impact of Western Medical Curriculum System in China's Medical Education), *Chinese Journal of Medical Education*, 32. no. 3 (2012): 479.

Note 30. Chengdu zhongyi xueyuan, "Guanyu zhongyi yanjiuban he zhongyi xueyuan yiliaoxi de jiaoxue gongzuo jianbao," Dec 1956, 1957-CZ11-2.

Note 31. Ibid.

Note 32. Zhou Yueling, "Chuangban Chengdu zhongyiyao daxue de zuichu suiyue" (The Early Time of Chengdu University of TCM), April 27, 2020 at *Renmin zhengxie bao*, accessed online at http://www.tuanjiawang.cn/2020-04/27/content_8873123.htm.

Note 33. Chengdu zhongyi xueyuan, "Guanyu zhongyi yanjiuban he zhongyi xueyuan yiliaoxi de jiaoxue gongzuo jianbao," Dec 1956, 1957-CZ11-2.

Note 34. Chengdu zhongyi xueyuan, "Chengdu zhongyi xueyuan zi weiyuanhui diyici quanti weiyuan huiyi" (The First Plenary Meeting of the Committee of Chengdu College of TCM), Jan 1957, 1957-CZ11-1, Chengdu: Chengdu University of TCM Archives.

Note 35. Chengdu zhongyi xueyuan, "Guanyu zhongyi yanjiuban he zhongyi xueyuan yiliaoxi de jiaoxue gongzuo jianbao," Dec 1956, 1957-CZ11-2.

Note 36. Sichuan sheng weishengting, "Sichuan sheng dierge wunian jihua zhongyi jinxiu guihua de yijian" (Opinions on the plan of TCM Further Education in the Second Five Year Plan of Sichuan Province), Dec 1957, 1957-CZ11-3, Chengdu: Chengdu University of TCM Archives.

Note 37. Ibid.

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