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TRADITIONAL CHINESE MEDICINE IN MODERN WARFARE (1937-1945)

La medicina tradizionale cinese nella guerra moderna (1937-1945)

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Abstract

A significant body of research exists on the Sino-Japanese War, 1937-1945, with most scholarship focusing on military and diplomatic affairs. Relevant cultural-historical research has also been conducted in recent years on regional differences, such as whether the region was controlled by the Japanese, a puppet regime, or the Chinese government. This work, instead, will focus on Chinese medicine during the war and will attempt to explore the problems rarely touched upon in past research on the history of Chinese medicine, namely the relationship between Chinese medicine, war, and country. Chinese medicine lagged in modern developments of surgical techniques and physiological knowledge. The outbreak of the Sino-Japanese War, however, led the Chinese medicine community to consider the connection between traditional knowledge and the country's survival, as well as the treatment of wounded patients during times of war. These insights allow us to discover that contemporary Chinese medicine physicians constantly reflected upon their knowledge of surgery, first aid, and drugs from ancient medicine, and that they hoped to play a practical role in the war. In addition, the Chinese medicine community also endeavored to open new schools and hospitals to advance Chinese medicine knowledge in society, as well as to carry out treatments for wounded soldiers. Most of the Chinese medicine community believed that Chinese medicine should play a role during wars and national disasters. In addition to enriching the research on Chinese medical history, this work also aims to supplement the current discussion on the history of the Sino-Japanese War, which has been traditionally skewed towards politics and the military, thereby providing a more comprehensive picture of this period of history.

Esistono molte ricerche sulla guerra sino-giapponese tra il 1937 e il 1945, anche se la maggior parte di esse si è concentrata sui militari e la diplomazia. Negli ultimi anni sono state condotte rilevanti ricerche storico-culturali. Questo lavoro si concentra sulla medicina cinese durante la guerra, tentando di esplorare problemi raramente toccati nella letteratura sulla storia della medicina cinese: in particolare, il rapporto tra medicina cinese, guerra e paese. È un fatto indiscutibile che la moderna medicina cinese fosse in ritardo nello sviluppo delle tecniche chirurgiche e della conoscenza della fisiologia. Lo scoppio della guerra sino-giapponese, tuttavia, ha portato la comunità medica cinese ad iniziare a pensare al collegamento tra la conoscenza tradizionale e la sopravvivenza del paese, nonché al trattamento dei pazienti feriti durante i periodi di guerra. Questa ricerca ha permesso di scoprire che i medici riflettevano costantemente sulla loro conoscenza della chirurgia, del primo soccorso e dei farmaci della medicina antica, sperando di giocare un ruolo attivo in tempo di guerra. Inoltre, la comunità medica cinese ha cercato di aprire nuove scuole e ospedali per far progredire la conoscenza della medicina cinese all'interno della società. La maggior parte dei medici credeva che la medicina cinese non avrebbe dovuto essere assente durante le guerre e i disastri nazionali. Oltre ad arricchire la ricerca sulla storia medica cinese, questo lavoro mira anche ad integrare la discussione attuale sulla storia della guerra sino-giapponese, che è stata tradizionalmente distorta attraverso gli aspetti politici e militari, fornendo così un quadro più completo di questo periodo.

Keywords: Chinese medicine physicians, military doctors, surgery war, Chinese medicine.
Medici tradizionali cinesi, medici militari, chirurgia di guerra, medicina cinese.

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Introduction

A significant body of research exists on the Sino-Japanese War, 1937-1945, with most scholarship focusing on military and diplomatic affairs. Relevant cultural-historical research has also been conducted in recent years (Schoppa 2011; Watt 2013) despite regional differences, such as whether the region was controlled by the Japanese, a puppet regime, or the Chinese government. Having recently taken an interest in the history of this war and medicine, I was surprised to discover that Chinese medicine, which was about to be abolished during the Republic of China era in Mainland China, displayed a strong vitality and even developed during the war (Pi Kuo-Li 2020, 89-126). Therefore, this work intends to focus on the relevant evidence of Chinese medicine before and after the outbreak of the war. I will first lay out the circumstances surrounding Chinese medicine during the ROC era. Exploring the circumstances surrounding Chinese medicine during wartime, my thesis investigates the issues that Chinese medicine history research has rarely touched upon relating to the relationship between Chinese medicine, war, and country. This thesis also aims to supplement the current discourse on the history of the Sino-Japanese War, which has been traditionally skewed towards politics and military, thereby providing a more comprehensive picture of this period of history.

Traditional Chinese Medicine Before and after the Outbreak of the Sino-Japanese War

Before the Sino-Japanese War, Chinese medicine physicians constantly sought access to the national health system and medical administration. In 1932, the Chinese medicine community put forward “Proposals to the Political Council to empower Chinese medicine physicians to implement health related policies”, which stated that the authority of Chinese medicine physicians should be immediately transferred to the Ministry of the Interior and should be equal in status to the authority of Western doctors under the Department of Health. At that time, the Department of Health, the authority in charge of health care, was monopolized by Western doctors, and Chinese medicine physicians did not have opportunities to develop their practice. The proposal pointed out that the definition of “hygiene” by Western medicine was confined to “cleanliness”; however, Chinese medicine also included health care, dietetics, mental rehabilitation, and more. The Chinese medicine community argued that the government should allow policies giving administrative rights to Chinese medicine and hygiene (Wu Hanxian 1943, 83-84).

Even before the war, Chinese medicine had been incorporated into the national health management system. There was even a proposal to merge both Chinese medicine and Western medicine to form a “China denominated new age medicine” (Ren Qizhi 1937, 1). Most people at that time also felt the need to enhance Chinese medicine’s status and to debunk the negative greedy image linked to Chinese medicine physicians at the time. Only by conducting fundamental research on Chinese medicine could China shed

its humiliating image of “the sick man of Asia”, and only by ensuring the physical and mental well-being of its people could the Chinese people be strong again (Ni Shiying 1937, 15). Even though the “Chinese medicine regulations” were passed by the Nationalist government in 1936 and Chinese medicine physicians attained the same legal status as Western medicine doctors, health authorities still rested with the Western medicine-controlled Department of Health (Ye Yongwen 2013, 84). Despite these new legal regulations, before the outbreak of war, Chinese medicine physicians could still do extraordinarily little; they were insignificant in shouldering national and societal responsibilities.

In addition to the legal recognition, Chinese medicine physicians sought to attain the same educational rights as their Western medicine counterparts. For example, during the 3rd plenary session of the 5th General Assembly convened by the Kuomintang (KMT) in February 1937, Jiao Yitang (1879-1950), director of the Central Chinese Medicine Academy, and 53 others, proposed that the Ministry of Education should include Chinese medicine curriculum in the educational system. The legal right to run Chinese medicine schools was also approved by the KMT’s central political council and was commissioned by the “Chinese Medicine Committee”. The issue of equal rights for Chinese medicine education seemed to have been resolved at these initial stages. However, opposition to Chinese medicine existed throughout this process. For example, Wang Shijie (1891-1981), the then Minister of Education, wrote his concerns about the meeting in his diary: “It resulted in disappointment and suspicion for the majority of people, due to proposals to ‘turn to the past’ made by some people, such as the classical reading in elementary and junior high school proposal by He Jian, as well as the setting up of Chinese medicine schools by Jiao Yitang. This inevitably led to frustration by people responsible for advancing the educational cause; “turn to the past” inclinations would disappoint intellectuals and youth, leading them to take more extreme paths” (Wang Shijie 2012, 10). Chinese medicine capitalized on the Nationalist government’s inclination at that time to “turn to the past” as a way to survive¹.

In general, however, the Chinese Medicine Committee under the Department of Health was a competent authority to regulate Chinese medicine businesses. Some within the Chinese medicine community, dissatisfied that the management of Chinese medicine businesses was handed over to the Western medicine-controlled Department of Health, planned further resistance. Some Chinese medicine physicians even hoped that the government would set up an institution such as the “Chinese Medicine Reorganization Committee”, with administrative oversight equal to that of the Department of Health. Until the outbreak of war, the Chinese medicine community fought for equal medical rights (Zhang Hong-sheng 1942, 55-56). In addition, although the “provisional curriculum” of Chinese medicine had been announced, the textbook outline had not yet been announced and standard teaching materials were yet to be confirmed. Against this background, even though the Chinese medicine community had made progress in the fight for legal status, as of the start of the Sino-Japanese War, a standardized education system for Chinese medicine had not yet been established².

With the outbreak of the Sino-Japanese War, the issue of Chinese medicine education was put on hold, and the development of Chinese medicine came to a near standstill. During the war, even though there was a large-scale reduction and suspension of medical publications, there were still calls for editorial journals to be continued and improved so that they could empower the Chinese medicine community to communicate more effectively (Zhang Ziyang 1941, 3). After the outbreak of the war, the former Chinese Medicine Committee and some members of the Chinese Medicine Academy again launched the “Chinese Medical Education Society” in Chongqing, with members drafting the provisional general principles and curriculum for Chinese medicine schools, officially announced in May 1938. Wang Shijie voiced his opposition in his diary:

In recent years, I have been a strong advocate of scientific medicine, establishing several medical schools and specialist schools for dentistry and pharmacy, and establishing a medical education committee under the

Ministry of Education to serve as a design and monitoring authority for medical education in the country. If we continue with this progress, we will see a gradual increase in medical talent within the next few years and significant improvement in our people's health and health administration. However, there are some who are rigid in their thinking such as Chen Guofu, Chen Lifu and Jiao Yitang, who strongly advocate the idea of Chinese medicine currently. Most of their remarks are not credible. Yesterday, Minister Chen Lifu reorganized the Medical Education Committee and appointed Jiao Yitang as a committee member. I could not help but fear for the future of scientific medical education. (Wang Shijie 2012, 112)

Such opposition showed that Chinese medicine education was on the right track. In times of war, however, the whole country was embattled, and it was difficult to implement the ideal form of Chinese medicine education from the perspective of the Chinese medicine industry. The Chinese medicine physicians in zones occupied by the Japanese were less likely to engage in the war and continue to call for reforms within the Chinese medicine profession. This division made it impossible to forge a national consensus regarding Chinese medicine while the war was ongoing.

The war deepened the crisis in the development of Chinese medicine, and there seemed to be no viable solution. However, some areas saw a turnaround in their fortunes. Before the outbreak of war, the Chinese medicine community became cognizant of the importance of unity in speaking out together and demanding inclusion in the national development discourse, gradually organizing themselves. The “solidarity” of the Chinese medicine community continued to foment until, in 1929, considering the proposal to abolish Chinese medicine (Wang Mingfan 1937, 16), their solidarity eventually coalesced into the question of “what can Chinese medicine do for the country?”. Such a consensus had already begun to form before the war; however, the outbreak of war reinforced the notion. At that time, the Chinese medicine community believed that the established academic reorganization reforms should be continued. However, in response to the war mobilization, nationalist sentiments became even more popular, and Chinese medicine continued to discuss its value from the standpoint of inherent culture impact and place in the national culture. Chinese medicine also used the example of “broad science” to illustrate the value of Chinese medicine in scientific development (Zhang Hong-sheng 1942, 61). These narratives were continued into the war, albeit with some distinctive characteristics and remarks.

One reader, Wang Mingfan, pointed out that a global war was about to break out, and in a world where only the fittest survive, one must do everything within their power to gather war supplies. He pointed out that if war cannot be avoided, where would the “Chinese medicine physicians” run to? He wrote in a sarcastic tone, “would they escape to the back of the home front to treat flu and cough?” During the Sino-Japanese War, medical students were criticized for knowing only scientific knowledge but not how to win, or the importance of winning, the war and rebuilding the country. Medical students who were interested only in studying and eschewed politics were seen as a disgrace to the nation. People who studied medicine were included in the construction and modernization of the country during the war, which applied to students of both Chinese and Western medicine (Chen Liyu 1940, 30-32).

Before the war, Chinese medical research societies were established in various regions, and the outbreak of the political events strengthened the unity of the Chinese medicine community and its ties to the state. For example, after the Xi'an incident, the Chongqing Society of Chinese Medical Science and Research held a meeting to support the country and its leader Chiang Kai-shek. The meeting also mentioned rejuvenating the health of citizens and producing publications to educate the public about the concept of health and to enable Chinese medicine to “heal the country”³. After the outbreak of the war, Chinese medicine books put more emphasis on “saving the nation” (Wu Hanxian 1943, 89). Another example of this nationalistic rhetoric was the 1938 Chinese Medicine Festival commemoration, which lacked the atmosphere of a commemoration. An author pointed out in his speech, “Chinese medicine should heal, rescue, donate money and contribute during a national disaster, and wholeheartedly support the only one who loves and

promotes Chinese medicine, our leader General Chiang” (Bin 1938, 1). This discourse of Chinese medicine’s involvement with the state is associated with the rise of nationalism and its continuity. Other relevant remarks also focused on the nation and the fortunes of its people. For example, there were remarks such as “Chinese medicine lacks organizational research, is overshadowed by Western medicine, and is on the brink of being abolished. It should focus on academic research, form organizations, improve the health of its people and reduce fatalities”. In other words, organizational research is not just academic in nature, but also shoulders the new mission of Chinese medicine, which is to improve people’s health and reduce the financial burden from prescription drugs⁴. Many Chinese medicine physicians also pointed out that despite China having an illustrious history in medicine, the nation was in gradual decline. According to these Chinese medicine physicians, this was because people did not appreciate nor make use of Chinese medicine, which would have allowed Chinese medicine to shoulder the responsibility of rejuvenating the nation and its people (Zemin 1938). The purpose of medicine should not be constrained to saving individuals but to ensure the health and lives of citizens in times of war. He Yingfu mentioned, “the responsibility of Chinese medicine should be manifested in the manufacture and development of new drugs, the collaboration of the industry to participate in rescue work on the ground, and the rescue of refugees at the home front (He Yingfu 1939, 8)”. These remarks highlight the trends in Chinese medicine before and after the outbreak of the war. The actual actions relevant to Chinese medicine should also be explored in depth.

Rescue and Medical Treatment in War

After the outbreak of the war, a reader commented on a newspaper column that seeing the constant soliciting of military doctors in newspapers reminded one of the problems of the soldiers. But was there a shortage of military doctors? The truth may be that the government was reluctant to train Chinese medicine physicians to enter the military medical system. Chinese Medicine hospitals and schools, during the early years of the ROC era, had already adopted the scientific knowledge of anatomy, physiology, and chemistry. They were many medically trained individuals who were unable to serve their country as military doctors because of the differences, controversies, and rivalry between Chinese and Western medicine (Han Spirit 1938).

Chinese medicine was “serving the country” in other ways. After the Battle of Shanghai began in 1937, Jiao Yitang and General Zhu Ziqiao (1874-1941) established the Chinese Medicine Rescue Hospital, which was then shifted to an even larger area due to increasing numbers of injured soldiers and civilian refugees. Back then, an ongoing Western medicine “revolution” occurred in China. The Chinese medical professionals believed that a self-manufacturing Western medicine already appeared in China, demonstrating China’s modern medicine could be self-sufficient without relying on assistance from Western countries (Pi Kuo-Li 2019, 27-47).

What about the Chinese Medicine Revolutionary Movement? One author pointed out that the Nanjing Central Medical Center Ambulance Hospital was later enlarged with Yu Youren (1879-1964), Sun Ke (1891-1973), Juzheng (1876-1951), Kong Xiangxi (1880-1967), Chen Lifu (1900-2001), and others assigned as directors. The hospital was moved to the first model prison in Jiangsu Province, and in addition to having the capability to perform internal and surgical operations, the hospital was expanded to contain more than 1,000 beds, with more doctors and nurses being hired. The Military Medical Department under the Ministry of Military Affairs, the Department of Health, the Ministry of Health, the Rejuvenation Affairs Committee, the Central National Medical Center, the Red Cross, and other agencies were all present at the Injury and Rescue Design Committee meeting that convened in Nanjing. At the meeting, Jiao Yitang proposed that, “it is better to adopt a combination of Chinese and Western Medicine for rescuing and treating

wounded soldiers and civilian refugees to achieve a more effective outcome". The proposal was passed at the meeting, and the Chinese Medicine Rescue Hospital's future was considered promising⁵.

Due to the imminent fall of Nanjing in mid-October 1937, the hospital was moved to Hankou. The main hospital was set up in Chongqing subsequently, with two branches established in Wan County, Xi'an. When the hospital was initially established, the Central Chinese Medicine Academy ordered all province's national medical organizations to set up rescue training and rescue teams, including larger ones like the Shanghai Chinese Medicine Injury and Rescue Hospital, the Chinese Medicine Community Rescue Team, the Hangzhou Nursing Home for Injured Soldiers, and the Hubei Chinese Medicine Community Service Organization. Other respondents included members from the Overseas Chinese Medicine Association in Hong Kong, as well as Chinese medicine organizations in the Philippines and other places who returned to China to work as rescue workers. The two branches in Xi'an also trained rescue teams operating in the battlefields of the south of China. The battle slogans from the north were "protecting Chinese health with Chinese Medicine", or the spirit of "fighting the war like revolutionaries". The Chinese Medicine Revolution allowed the demands of war to be met with Chinese Medicine that had been enhanced by and merged with science⁶.

Funding for the Chinese Medicine Rescue Hospital was set aside regularly by the Ministry of Military Affairs for purposes such as food expenses and medical care expenses for soldiers. Other sources of funding include the National Rejuvenation Affairs Committee with Zhu Qinglan as its chairperson, the Central Chinese Medicine Academy, the Ningbo Clansmen's Association, and other charitable organizations. Therefore, this unit was neither an official unit under the government nor a traditional charitable organization, but rather a demonstration of the Chinese medicine community's desire to get involved in national affairs and obtain national recognition during the war⁷. Subsequently, as Nanjing was on the brink of falling, the hospital was shifted to Hankou. Each shift in location required the assistance and contribution of medical workers in various regions, and expanded possibilities for people everywhere to understand and participate in Chinese medicine's war effort.

For example, in addition to its existing sources of funding, the Hankou Branch received funding from the "Hubei Chinese Medicine Community Home Front Service Organization". Kong Geng (1873-1950), a member of the Hubei Provincial Chinese Medicine Branch, also called for the establishment of the "Home Front Service Organization" which included rescue crews, treatment centers, pharmaceutical companies, and more. Kong Geng also held banquets for military and political leaders and socialites from all occupations in Wuhan, including He Chengjuan (1882-1961), Wu Guo Zhen (1903-1984), and Yan Lisan (1892-1944)⁸. When the Nanjing group arrived, Jiao Yitang negotiated with Ran Xuefeng (1879-1963), Kong Geng, and the Wuhan military authorities to establish the first branch of the Chinese Medicine Rescue Hospital in Hankou, with Ran serving as the chair of the newly formed board of directors. Later, when Jiao Yitang went to Chongqing, these organizational experiences and bylaws were assembled and published in a book. He pointed out that many Chinese medicine physicians throughout the country were doing the same thing, coming together to do their part in the war against Japan⁹.

For example, the rescue team of the Huabei Chinese Medicine School also rushed to the Suiyuan front line with the Red Cross flag and the Red Cross armband to rescue wounded soldiers (Fan Zhengren 1937, 11). According to the hospital's report, the Shandong Chinese Medicine Home Front Hospital received more than 800 refugees and wounded soldiers, with more than 70 people suffering from severe bone and muscular injuries. On one hand, all the wounded were treated with traditional Chinese medicine techniques, with no surgical removals or amputations. The report also illustrated the achievements of the Nanjing and Hubei Chinese Medicine Rescue Hospital in traditional Chinese medicine injury and rescue techniques, such as pain relief, hemostasis, and orthopedics. On the other hand, both new and old Chinese and Western methods were adopted for disinfection and rescue. The report emphasized the medical techniques of Chinese medicine and called for it to be included in the military medical system

as soon as possible (Han Spirit 1938). There was already a “Chinese Medicine Research Association” in Sichuan, and in 1938, the “Chinese Medicine Rescue Team” was established. Its personnel changed frequently, but the team continued to be in existence throughout the war¹⁰. Luoyang also set up a “Chinese Medicine Rescue Training Class”, with the then Red Cross Commissioner Zhang Junguang visiting the class in person when it began¹¹.

Before the Sino-Japanese War, some Chinese medicine schools had set up “rescue classes (teams)”, but the number enrolled occupied only a small proportion of the country’s Chinese medicine physicians. Wang Mingfan (1937) mentioned that the old Chinese medicine physicians should also be trained as soon as possible because “no one should idle around during times of war”. He recommended the following:

- (1) All Chinese Medicine physicians up to 45 years old must be trained in military rescue barring exceptional reasons.
- (2) Recruit Chinese personnel that specialized in the treatment of bruises and bone grafting and train them in techniques of retrieving bullets and bone grafting.
- (3) Each Chinese medicine school should increase the number of classes at its location to enroll young Chinese medicine physicians.
- (4) The Central Chinese Medicine Academy should send designated training personnel to provinces and cities that do not have a Chinese medicine school.

Despite the above understanding, mobilizing an entire country had become difficult due to the war. As a result, the Chinese Medicine Rescue teams in various locations were often suspended for reasons of “application failure”, rendering them useless. The editor of a medical journal admitted that, during the war, although Chinese medicine physicians were less effective in treating wounds due to gunshots and poisoned gas, they could help with treating fall injuries and fractures. However, there was a lack of facilitators and advocates to organize and mobilize doctors¹².

Fortunately for historians, there was a Chinese medicine rescue hospital at the time, making further research possible. The original plans were to establish a Chinese Medicine Hospital Branch at Hankou, before building another branch at Wuchang and the main hospital at Chongqing. Chinese Medicine rescue teams were set up at Wuchang, Hankou, and Hanyang¹³. Historians can also use records from the “Hubei Chinese Medicine Community Home Front Service Organization Hospital Briefing”. For example, in “Article 2: The regiment’s hospitals specialize in the utilization of Chinese medicine’s inherent advantages and adopting Western medicine surgery to treat injured soldiers and refugees in various camps, successfully completing their rescue missions”¹⁴. The rescue hospital used both Western medicine and “Chinese medicine technology to treat internal and external injuries and adopt new equipment methods”¹⁵. The rescue hospital was equipped with attending physicians, resident physicians, assistant resident physicians, and intern physicians. This organization was not the norm for traditional Chinese medicine but was a brand-new form of hospital supported primarily by Chinese medicine but complemented with Western medicine¹⁶.

In addition, the “Hubei Chinese Medicine Home Front Service Rescue Team Organization Regulations” stipulated that “anyone who has graduated from the Hubei Chinese Medicine Rescue Training Course and received a Chinese Medicine certification, or has graduated from the Chinese Medicine School and undergone training, can serve as rescue team members”¹⁷. This regulation demonstrates the wide range of areas allowing Chinese medicine physicians to participate in military emergency services. They could first treat the injured soldiers and then transfer them to the home front hospital. The “Regulations of the Hubei Chinese Medicine Home Front Service Organization” also stated, “our mission is to support the government’s war efforts and to manufacture various new drugs for the purpose of rescue and treatment”¹⁸. Chinese medicine rescue hospitals made use of medicines produced by Chinese Medicine pharmaceutical companies to promote medical developments.

After the fall of Wuhan, in other areas of medical care the focus of the entire government shifted to Sichuan, including the resumption of Chinese medicine development, with the most important devel-

opment being the “Provisional Capital Chinese Medicine Hospital”. The “Chinese Medicine Monthly” in Chongqing pointed out that “the Department of Health was planning to set up a Chinese Medicine hospital in the provisional capital in order to introduce scientific enhancements into Chinese medicine”. The hospital was opened on May 15th, 1944, and the Chinese medicine physicians in charge were Zhang Jianzhai, Qiu Xiaotian, Hu Shucheng, Huan Shian, Zheng Manqing, and Wu Fuxian. These physicians were joined by Western medicine doctors and midwives¹⁹. In 1944, Cao Shushe and 25 other members of the Sichuan Senate proposed that more wards should be established as soon as possible. The general state of the hospital in the provisional capital was as follows:

Regarding the establishment of the Chinese Medicine Hospital, after repeated recommendations by the committee, the government has set up a Provisional Capital Chinese Medicine Hospital in Yushi city. It has 4 internal and external pediatric and gynecological departments, along with 2 nurses. It has the scale of a modern hospital. The low fees charged sets an example for public hospitals in the country, with each patient only charged a registration fee of 10 yuan. The military, their family members, and poor patients receive free medical treatment. This spirit is in line with that of international public hospitals and highly praised by residents of the provisional capital. However, the hospital has little funds approved for the year, and is still unable to set up medical wards or purchase equipment as planned. The provisional capital hospital is the only Chinese medical institution in the country. The government, with the purpose of safeguarding and advocating Chinese medicine, should raise funds and strive to be self-sufficient, ensure the advancement of the health of its citizens, and therefore reap the benefits of medical revolution²⁰.

The hospital experienced a critical lack of medical resources. Despite the national scope of the provisional capital’s Chinese medicine hospital, it faced operational challenges and found difficulty expanding and providing medical services to a larger population.

The hospital director at that time, Chen Yu, always emphasized that the funding father of the Republic of China, Sun Yat-sen once said that after recovering the knowledge and capability of Chinese Medicine, there is a need to learn from the advantages of Europe and America. Chen believed this was true for both Chinese medicine reforms and for the rejuvenation of the nation. Even before the war, he put forth that an experimental institution for the use of Chinese medicine should be established. Also, the diagnoses of diseases in that institution should completely follow the latest scientific examination methods, and after the pathogen has been identified, Chinese medicine prescriptions should then be used for treatment. Treatment should be validated with experimental statistics and then by scientific statistics to confirm efficacy. Under Chen, all these procedures could be implemented in the provisional capital Chinese medicine hospital. He hoped to establish advanced Chinese medical training classes and allow more young people to intern at the hospitals on a rotational basis (Chen Yu 1944, 1).

In 1944, this vision was realized when the Ministry of Education, Ministry of Social Affairs, the provisional capital Chinese Medicine Hospital, and the China Medicine Education Association jointly established the “Advanced Chinese Medicine Research Class”. Now, for the first time, Chinese medicine had a nationally established medical institute that connected treatment, research, and education and an advanced research institute. Lecturers at the institute then included the educational director Hu Guangci, Liu Yuzhou who specialized in prescription, Rao Fenghuang, Zhang Maojin, Tang Yangchun who specialized in clinical experiments. Researchers included Zhang Binghui, Wang Guoxun, Gu Muyong, Su Jihui, and Yang Tiechao²¹. Initial participants included Chen Xunzhai, Gao Deming, and Chen Xiaofeng, with a total of approximately 50 students²².

Despite the continuing education at Chinese medicine schools during the war, the lack of nationally established Chinese Medicine schools throughout the country remained an issue. There also were no standardized textbooks, which lead to members of the Chinese medicine community adopting different and

conflicting methods. This resulted in a neglect of traditional knowledge, a lack of innovation, and a subsequent inability to study Western medicine in an in-depth manner (Tang Zhen 1944, 4-5).

Chinese Medicine physician Deng Bing Kui felt that the Chinese Medicine Associations in the various provinces, cities, and counties should push the Central Party to promote Chinese medicine academic knowledge, acknowledge it as a key policy for implementation, and to order the Ministry of Education to actively launch Chinese medicine schools and specialist schools. Deng even put forth that “a Chinese medicine school should be established in the Central University, four Chinese medicine specialist schools should be established nationwide, and each province, city, and county to have one Chinese medicine lecture workshop respectively”. The government should also consider providing subsidies to ensure long term sustainability of the initiative. This would allow the advantages of both Chinese and Western Medicine to be utilized, leading to higher quality graduates who could shoulder the public health and hygiene duties.

Regarding hospital locations, Deng proposed that the Bureau of Health should provide funding to set up a Central Chinese-Western Hospital near the newly built Chinese medicine school to “allow students to learn treatment methods combining Chinese and Western Medicine experiments. A Chinese-Western Medicine Hospital should be set up nearby each Chinese medicine specialist school, with a smaller hospital set up in each province, country, and city, respectively. Such experiments and internships are more methodological and allow both Chinese and Western medicine learning, hence enabling rapid improvement and enhancing the health of our people” (Deng Bingkui 1944, 2). However, this call during the war did not materialize.

Even though the establishment of Chinese Medicine Advanced Research Classes and the Provisional Capital Chinese Medicine Hospital led to the first national hospital and research class, the numbers of resulting talented students were insufficient. In addition, the regular Chinese medicine schools were unable to maintain regular teaching, which led to the emergence of many short-term rescue training classes. For example, the “Chongqing Training Center” established in 1944, which played an essential role as a regional provisional educational unit, was also a jointed member of local education board. Zhang Jianzhao and Li Jianxun were appointed as emeritus center directors, Li Fuguang as center director, Shen Zhonggui as educational director, Shen Shoujin, Liu Yuzhou and Wu Huilin as the respective team heads, and renowned Chinese medicine physicians in Chongqing as lecturers. The training center was praised as a bulwark of “protecting the health of citizens”²³. In 1945, considering the lack of medical drugs and health workers during the war, which in turn affected the war effort, the Central Chinese Medicine Academy ordered Zhao Fengjiao to set up the “health personnel training class” to mobilize the nation’s doctors and provide training for health workers. The method of implementation was to compile various teaching materials, including anti-poisoning, rescue, and internal medical and surgical procedures. The compilation included Chinese-Western medicine content, including endocrine knowledge, and Chinese medicine knowledge about the internal organs.

Zhao Fengjiao, the director of training and the person in charge of compiling teaching materials, stated the following:

I hope that the Chinese medicine community can unite as one to push for the establishment of the National Chinese Medicine Physicians Association as early as possible. This will allow Chinese medicine physicians to consolidate, participate in democracy, and become the health administrative personnel required as per Chiang Kai-Shek’s “China’s Fate”. I also call upon the government to set up large scale Chinese medicine pharmaceutical companies to ensure self-sufficiency. The government should also establish Chinese-Western hospitals and a national medical drug research center²⁴.

Be steadfast in our determination to rejuvenate Chinese medicine, adopt scientific methods and enhance traditional culture. Encourage Chinese medicine to fulfill their purpose of “serving the public health interest

and as battlefield rescue personnel”, “Chinese medicine as a form of National Defense”, and “Incorporating Science into Chinese medicine”, thereby achieving success in the war, rebuilding the nation, and eventual prosperity²⁵.

From the perspective of Chinese medicine physicians, these ideas were an improvement on the debate between Chinese and Western medicine; the development of Chinese medicine should not stagnate due to semantic arguments. In addition to calls for Chinese medical administration and medical care to be independent, there was also discouraging news for the Chinese medical community. The compilation “Health and Physical Education during War” from 1939, despite including the names and position titles for health institutes, the health bureau, and its associated authorities, did not introduce the Central Chinese Medicine Academy or the Chinese Medicine Committee, clearly demonstrating the irrelevancy of Chinese medicine in the areas of public hygiene and health promotion²⁶. The exception was Gao Deming, an excellently performing employee at the Bureau of Health, who was personally called upon by Chiang Kai-Shek, a member of the Chinese Medicine Committee. Gao graduated from the Zhejiang Chinese Medicine Specialist School and the Central Chinese Medicine Academy Special Research Class and by then had been working at the Bureau of Health for six years. He was a regulation review committee member at the Bureau of Health, and the Assistant Director of the Provisional Capital Chinese Medicine Hospital Internal Treatment Center. A medical journal reported that Chinese medicine physicians were able to shoulder modern health administrative duties, an example of ways in which Chinese medicine physicians were involved in public affairs²⁷.

Other public medical affairs were discussed such as the order by the Ministry of Military in 1944 for Chinese medicine physicians to conduct treatment for injured and ill soldiers. This would be done by local service teams according to the size of various regions and organized by the Chinese Medicine Association. The person in charge, or team leader, of the local Chinese Medical Association was to bring a register of team members to the local military authority and county or city government for recording. Medical diagnosis would be free. The Chinese medical physicians participating may be temporarily exempted from conscription²⁸. The Chongqing Chinese Medicine Association also responded to the government’s youth military policy and conducted funding and donation drives for the family members of young people joining the military²⁹. In February 1944, Li Jianhong, Head of the China Women’s Self-Defense Association, Chongqing Branch, added a Chinese medicine team to its voluntary treatment department to resolve the scarcity of medical drugs and the excessive number of military personnel family members. Chinese medicine physicians such as Li Fuguang, Zhao Fengjiao, Xu Jueyuan, and Fang Le were also hired. The physicians were willing to help on a voluntary basis without charging expenses as they felt that Li Jianhong was promoting the development of Chinese medicine³⁰. There were many other donations, drives, and different voluntary medical services that are not mentioned in detail.

Chinese Medicine Physicians’ Discussion of Surgery and Orthopedics during the War

Chinese medicine schools included 96 hours (about 4 days) of teaching in “rescue training during times of war”, specifying that “orthopedics and traumatology should be merged under surgery and that Western surgery methods should also be taught”³¹. At the outbreak of the war, there were only 5,000 registered Western medicine doctors nationwide, but 100,000 registered Chinese medicine physicians. However, it was disappointing that Chinese medicine physicians could not be sent to the front line to rescue and treat wounded soldiers. Sun Songjiao pointed out that in the wars fought in ancient times in China military doctors were, obviously, Chinese medicine physicians. Why was it that Western medicine doctors looked down on the efficacy of Chinese medicine physicians on the battlefield? Sun thought it was because the

recent compilation of Chinese medicine at the Chinese Medicine Academy had been mostly focused on internal medicine rather than surgery, which had been neglected (Sun Songjiao 1938, 2-3). Compilation of information on Chinese medicine surgery became a critical issue during the war.

Furthermore, Ruo Yu, saw the Sino-Japanese War as a war of attrition. For Ruo, the most salient issue faced in the war was a lack of Western medicine doctors. Yet, the government neglected highly skilled Chinese medicine physicians who could help resolve this issue of scarcity, one of the results of having neglected the training of such professionals in the past. He called upon the government to strengthen the training of Chinese medicine surgeons. He argued that Jiangsu province had already implemented province-wide surgery training. The regulation stated that physicians who were not willing to undergo Chinese medicine surgery training would be stripped of their medical practice licenses by the local government and ordered to cease operations. He believed that urgent times, such as war, required enforced surgery training to be expanded nationwide (Ruo Yu 1938).

Promulgated by Jiangsu province in 1936, the “Jiangsu Province Surgery Training Guidelines for Chinese Medicine” stipulated that the training period was to be 4 months. The subjects taught included an introduction to surgery, disinfection, emergency rescue and bandage application, and basic military training. Training and teaching materials were provided for free, but trainees had to provide their own food and clothing³². This training class was conducted by a provincial-level administrative medical academy. Sixty trainees were recruited for the first class. Special importance was given to training Chinese medicine physicians in disinfectant knowledge, as Chinese medicine traditionally had no concept of disinfectants or equipment for disinfecting, leading to a high number of fatalities among soldiers from infections related to surgery³³.

At the onset of the Lugouqiao incident, the newspapers published the “Health Report” by Wang Jungyu from the Henan Chinese Medicine Advancement and Research Society. It included two columns on “red wounds” (surgical) and “antiseptic”, which were specially planned in response to the impending war³⁴. Tang Yangchun argued that Chinese medicine should, in times of national hardship, accelerate research on surgical treatment methods and include both Chinese and Western knowledge. Research should also be conducted on toxic gas chemistry and protection from poisonous gas, as well as on “Chinese medicine drugs for traumatology”. The fact that Western drugs were blocked from entering China by the Japanese military made it necessary to conduct research on possible Chinese medicine alternatives. For example, Chinese medical physicians argued that anti-corrosive Western medicine drugs could be replaced for “disinfection” purposes by medical oil gels that also possessed anti-corrosive characteristics and should be further developed for use (Tang Yangchun 1939, 7-8). Yuan Junting stated that most members of the Chinese medicine community were not formally trained in chemistry and hence knew little about protection from poison gas. Even so, they should increase contact with and enhance their understanding of new chemistry knowledge and publicize its importance to society. The Chinese medicine community knew the importance of such actions for the consolidation of the home front (Yuan Junting 1938).

Similarly for surgery and surgical drugs, the Chinese medicine community also published their contributions on surgical and wound treatments in newspapers and magazines. Zhou Fusheng used a battle in Guizhou against the Communists that happened one year before the Sino-Japanese War as an example to illustrate the positive effects of Chinese medicine surgical treatment. In the example, Wang Hongru from the Nationalist forces was wounded by a firearm that also broke several bones. Western medicine doctors decided that it could not be healed, and amputation was necessary to save his life. Wang insisted on trying Chinese medicine and was transferred to a Chinese medicine hospital for treatment. One of the more incredible descriptions entails Wang’s ingestion of a Chinese medicine bone healing pill. Although X-ray scans had shown several broken bones, after several dosages of the medicine and retrieving more than 20 pieces of broken bones from the wound, X-ray scans showed that the injured area had healed after a few weeks of treatment:

The incredible bone healing pill, invented by Chongqing's Chinese medicine physician Zhang Letian, upon several successful experiments, is now being advocated by Jiao Yitang, director of the Central Chinese Medicine Academy. Funding is also being carried out, and the medicine was used to treat more than a thousand injured soldiers at the Chinese Medicine Rescue Hospital in Sichuan's Jiangbei province.

The pill was made from herbs that were not recorded in ancient *Bencao Gangmu* (Compendium of Materia Medica). Zhou Fusheng mentioned that the scientific application method and manufacturing method were publicized in the "Explanations on Herbal Medicine" (Zhou Fusheng 1938a, 3-4)³⁵.

Western medicine doctors often used amputation on soldiers as a last resort because the soldier's body would be crippled once amputation is performed. Even Western medical physicians urged against amputating a patient's limbs. Western medicine doctors pointed out that there was no way to deal with bone infections, sepsis spreading to organs, and gangrene of the limbs. In fact, the dangers of pus and gangrene were emphasized in traditional language (Yu Shangren 1939, 19). Chinese medicine physicians were proud that the development of Chinese medicine surgical treatment had, by then, been aware of such issues and been able to resolve them (Li Jianming 2011, 32-38). Drugs produced by the "Chinese Medicine Rescue Hospital" during the war included "anti-pus skin gel", "anti-corrosive soft gel", "simple anti-pus powder", and more, providing the appropriate corresponding treatment drugs to prevent the need for amputation (Shen Zhongkui 1943, 57-59).

Right after the opening of the Central Chinese Medicine Academy's Nanjing War Rescue Hospital, wounded soldiers at the hospital were all treated with Chinese medicine. "Retrieval of bullet shells and bone grafting were performed with patients recovering fully without amputation which would have crippled them physically". The hospital had 300 beds with most patients suffering from bullet wounds and broken bones³⁶. Chinese medicine physicians frequently mentioned surgery and traumatology methods. For example, Wang Mingbo wrote the following:

Rescue surgeries remind us of the brilliant surgical procedures for bone grafting in Chinese medicine, which is one that has frequently drawn praise from foreign doctors; such testing times demand us to widely recruit such talents as professors, even though they could be uncouth as times, which is harmless in practice. Hence, there is no need to overlook them totally despite certain flaws they have. A certain military leader in Guangdong was once troubled by the fact that his injured soldiers became crippled after undergoing Western medicine treatments and sought to recruit Chinese medicine talent. The results were miraculous and outshone those of Western medicine. A certain newspaper in Shanghai reported on it back then.

Wang felt that the country should consolidate such considerable talents to allow Chinese medicine to compete with Western medicine (Wang Mingfan 1937, 17). The first factor in the development of Chinese medicine traumatology was the Japanese blockage of Western medical drugs during the war, affecting military doctors, most of who practiced Western medicine. Second, Chinese traumatology, despite its long history, was orally passed down from master to disciple. The Chinese medical profession also had a habit of strict adherence to secret prescriptions, resulting in the loss of many effective medicines; the government was called on to reward transparency and award patents to protect medical advancements (Zhou Fusheng 1938b, 2). Tang Yangchun questioned what kind of "Chinese Medicine Surgery" to research. For Tang, the treatment of broken bones, inflammation of the sinews and pus, without dissection, should be the focus of research during times of war (Tang Yangchun 1939, 8).

Other popular publications during the war included *Medical Advancements*, edited by Shen Bochao, which included practical theories and drug prescriptions on Chinese medicine surgery and traumatology, as well as Chinese medicine's involvement with the war. Shen used the characteristics of traditional Chinese medicine to explain his argument. For example, wounds caused by gunshots should be treated with Chi-

nese medicine “Bai Shao Lian” to cool the patient’s blood. “Huang Qi” should then be applied to enhance ‘qi’ and strengthen the ‘yin’; Western medicine applied cardiac stimulants to the same symptoms, but that only served to constrict the blood vessels which increased the patient’s blood pressure. It was, therefore, better to adopt the Chinese medicine method which benefits the blood and ‘qi’. Shen believed that Western medicine had advanced technology but was still lacking in “physiological treatment”. He believed that many soldiers were crippled or had limbs amputated because of excessive bleeding, rising heat deficiency, blood deficiency leading to malnourished bones, and blackening and rotting of those bones. Therefore, he believed that cooling and nourishing the blood was the best strategy and was more effective than Western medicine in relieving heat. Shen believed that there was a need to continue research on Chinese medicine treatment to achieve victory in war³⁷:

One’s organs depend on nourishment of the blood, preserving vitality, allowing blood flow and strength. Qi is what allows blood flow in the main vein. Loss of blood equates to the diminishing of Qi. What exactly is Qi? Body temperature. A low body temperature equates to a lack of Qi and blood clotting, while blood wounds would lead to low temperature and Qi clotting.

Shen Bochao believed that Western medical research on gunshot wounds achieved an elevated level of accuracy but still did not understand the principle of “treatment of Qi and blood”, which required the supplementation of Chinese medicine knowledge³⁸.

Li Gechen mentioned in the preface to *Advancement in Medical Drugs* that the book’s purpose was to enhance the physical health of the nation, protect the peace and prosperity of society, and provide healing to injured soldiers. The compilation of this book was already quite different from the goals of traditional Chinese medicine’s “classical” perspectives and reflects the changing perspectives on Chinese medicine brought on by the war³⁹. *Advancement of Medical Drugs* had a unique characteristic; the book included “Surgery Treatment”; content rarely seen in contemporary Chinese medicine surgical books. For example, one of the paragraphs reads as follows:

“The essence of liquorice is used to cleanse blood and stains, and the antiseptic and muscle-breeding “surgical dacheng” powder is applied externally, while the cotton yarn made of liquorice is used for covering the wound. The effect of liquorice is to detoxify the blood and stains, which is beneficial to the pores, so that the medicinal gas in the cells can be discharged, the muscle tissues can be brought back to a balanced state, and rapid muscle-generation can take place”.

Shen believed that this approach would supplement the deficiencies of Western medicine⁴⁰. He did not call for Chinese medicine physicians to develop Western style surgical capabilities but hoped for them to focus on the development of Chinese medicine’s inherent strengths, which were the leveraging of internal organ treatment methods for surgical wounds. He also stated that it was regretful that Chinese medicine gels and pills were, for the moment, not practical for gunshot wounds sustained during the war, as there were no narratives found in traditional Chinese medicine books on surgical wounds due to explosions and gunshots. However, “saving the injured through internal organ management, leveraging the strengths of Chinese medicine to stop blood loss and strengthen the heart in accordance with the gunshot wound severity” is unheard-of ancient Chinese medicine⁴¹. Shen Bochao also self-manufactured some Chinese medicine prescriptions such as an oral “antiseptic pill for strengthening the heart and stopping blood loss” and an externally applied “antiseptic powder for skin”. Most of his prescriptions stemmed from and were inspired by ancient medical books. For example, the *Surgical Encyclopedia* could be used for gunshot wound treatment and proved to be just as effective as Western medicine. He also briefly discussed various other traumatic injuries as well as vein and bone injuries⁴².

The Chinese medicine physician Deng Bingxuan felt that “our country’s people are reputed to be physically weak and the average annual fatality rate from diseases is much higher than in other countries”. Bingx-

uan believed that the Chinese medicine community should make active contributions towards people's health. He was inspired by the National Health Movement launched by the Chinese Health Education Society in 1943 and called on the Chinese medicine community to think about related programs. He proposed that all province, city, and county branches of Chinese medicine, Chinese medicine associations, and Chinese medicine academies should consider the feasibility of related issues, conduct research on Chinese medicine, and quickly cure various diseases. Such developments should then be publicly published in medical journals to spur further improvements. In addition, to advance treatment methods and relevant academic research, he recommended to

Establish a lecture workshop for Chinese medicine internal and surgical subjects, recruit knowledgeable and highly experienced Chinese medicine physicians and Western medicine doctors to impart necessary knowledge for all doctors such as anatomy, physiology, bacteriology, parasitology, pathology, pharmacology, therapeutics, prescription, and diagnostics. These subjects would be taught outside of normal class times with discretionary tuition fees. All Chinese medicine physicians in operation who felt a need to enhance or revise their knowledge could attend the lectures. (Deng Bingkui 1944,1-2)

In response, Chinese medicine physicians in Chongqing established a "Provisional Capital Chinese Medicine Surgical Lecture Workshop", recruited Chinese medicine physicians, provided six months of training, and adopted the "latest scientific methods to impart Chinese medicine surgical academic knowledge" in the hope of treating soldiers and civilians injured due to the war⁴³. However, the lecture format was changed so training was delivered solely via mail with no physical lectures. News was released that students would only meet in person after the lecturer's recovery, at which time lectures would cover drug preparation, injections, and other surgery techniques, all of which demonstrate that Western injection techniques were being taught along with Chinese medicine⁴⁴. Teachers Gu Yili, Zhou Xiaozhi, Yan Yifu, Deng Bingxun, Chen Wenbin, Ma Yun, and others compiled lecture notes on physiology, hygiene, bacteria, parasites, bandages, first aid, surgical pathology, pharmacology, and treatment methods, showing that Western medical knowledge had spread within the field of Chinese medicine, a trend that was further accelerated by the war⁴⁵.

Related Discussions on Drugs and Preparations

Medical drugs are the staple of medical treatment and the main weapon against diseases. The outbreak of the Sino-Japanese War brought the issue of a "National Defense Economy" to the forefront, especially regarding prescription drugs. One author, Zhang Hongsheng, criticized the government for neglecting the value of Chinese medical herbs, but for even allowing Western medicine doctors to manage Chinese medicine, hence crushing the free economy of Chinese medical herbs (Zhang Hong-sheng 1942, 62-63). Therefore, Chinese medicine physicians at that time widely believed that self-reliance was required to solve existing challenges, such as applying scientific methods, consolidating Chinese medicine, establishing large Chinese medicine pharmaceutical factories to develop new dosage forms, learning from Western methods, and producing convenient medical pills that could be easily transported (Tang Yangchun 1939, 8). For example, the "Yunnan Provincial Government Public Paper" stressed that "the most important mission during the war is to strengthen the rescue industry". Replacing imported medicine with Chinese medicine drugs would lessen the nation's financial burden and alleviate concerns arising from the lack of medical supplies. To prevent the hoarding of prescriptions, the Central Chinese Medicine Academy published the "Call for Traumatology Prescription Gathering" in September 1938. Through local governments such as the Yunnan Provincial Government Administrative Department, the Central Chinese Medicine

Academy hoped that those with secret prescriptions would submit them to the Chongqing Chinese Medicine Academy for collection and manufacturing⁴⁶. This trend for prescription drug self-reliance was an extension of the earlier demands of Chinese medicine traumatology treatment requirements.

“Must-Have Medicine”, a book compiled for military doctors, physicians, and regular health workers, classified the effects of Chinese medicine into 26 types, including heat-relieving, astringent, diuretic, and stopping blood loss. The editor stated that this was compiled comprehensively based on reasonable academic solutions. He also classified certain Chinese medicines with no clear ingredients based on their medicinal effect as circulated⁴⁷. The ingredients of traditional Chinese medicine were explained through the concept of Western medicine classification, and a simple preparation method was taught for the dispensers to identify the ingredients.

The scarcity of medical drugs was apparent exceedingly early in the northern Chinese theatre of the war against Japan. According to the Indian doctor Bejoy Kumar Basu in his description of the Eighth Route Army,

Most areas have established large pharmaceutical factories, producing large quantity of gauzes, bandages, cotton wool, small quantities of Western medical drugs, and massive quantities of Chinese medical drugs, etc. Chinese medicine is effective in treating certain internal diseases and can also cure common surgical diseases. There are, however, still several diseases that cannot be as effectively treated as compared to Western medicine, such as malaria, diarrhea, reunification fever, typhoid fever, and black fever⁴⁸.

Li Weizhen pointed out that “the ‘Zhuang Er Shen’ or ‘Red Pill’ manufactured by the Eighth Route Army Pharmaceutical Factory was popular amongst the surrounding regions and throughout the entire army. Eight to nine out of every 10 soldiers who suffer from a poor mental state, poor appetite, and jaundice become stronger and sharper after consuming the ‘Zhuang Er Shen’”. This drug was made by using Chinese medical herbs such as *Angelica sinensis*, ginseng, and Huang Jie, which by then had been scientifically refined. They believed these phenomena could be referred to “promoting Chinese medicine”⁴⁹. In addition, the “Bu Nao Duo” popular in Yan’ and was manufactured by “Gao Yuan Pharmaceutical”, and was made of Show Wu, Huang Qu, *Angelica sinensis*, and wolfberry⁵⁰. In Northern China, the Communist army resourcefully used Chinese medicine to treat diseases during the war⁵¹.

On the home front of the battlefield controlled by the Nationalist government, discourse on Chinese medicine manufacturing was mostly centered on worries about Japan’s economic blockade of China since the outbreak of war, which spurred frequent discussions about the use of Chinese medicine. One article pointed out that although Chinese medicine had treatment value, it was not easy to manufacture nor administer, leading to challenges in using them during times of war. The Chinese Medicine Rescue Hospital was later shifted to Sichuan, which was an important manufacturing location for Chinese medicine, rather than to Chongqing which was an important distribution center. Chen Lifu, Jiao Yitang and others, through the Chinese medicine committee under the Health Department and the Rejuvenation committee under the Central Chinese Medicine Academy, established the Chinese Pharmaceutical Factory, with Jiao serving as the Preparation Committee Chair, and Feng Zhitong, Director of the Health Department, responsible for the technical aspects⁵². The factory sets up chemical stoves and manufactured equipment such as syringes, lozenges, and cotton gauze. It used scientific methods to refine Chinese medicine and revealed that it would invite specialists to enhance Chinese medicine in the future, although it was mostly focused on supplies. The pharmaceutical factory had hoped from the beginning that the Chinese medicine community would contribute secret prescriptions, pills, gels, or powders for lab testing. Patents could even be awarded if effective medical drugs were invented in a bid to promote and protect scientific research on Chinese medicine⁵³. Wu Zhengang, the president of the pharmaceutical factory, reported in 1940 that the finished products included rhubarb powder, sulphur huafen powder, licorice powder, Wuxing pills, Dujun pills, eye drops, Epsom salt, Astor oil, hydrochloric acid, and morphine while other

products were still undergoing experiments. The herbs originated from Xining and Beichuan, but were also from Yunnan, Guizhou, and Sichuan in the South. The herbs were intensively brewed and crushed by force into powder for preparation⁵⁴.

The Chinese Medicine Rescue Hospital established by the Rejuvenation Committee and Central Chinese Medicine Academy had its own patented medicine, categorized for internal medicine and traumatology use, with open prescriptions, ingredient components, and preparation methods. Prescriptions were not necessarily based upon ancient methods but instead used new preparation methods. These include “Heji Antipyretics”, “Biaoji Antipyretics”, “Xinweihuo”, and medical solutions made from Chinese herbs such as honeysuckle and chrysanthemum for cleansing of wounds, as well as “medical cotton for stopping blood loss” made from pomegranate peel and alum (Shen Zhongkui 1943, 55-60). Supervisory committee member Liu Jueming also established the “Provisional Capital Chinese Medicine Hospital” at Luoyang, emphasizing the improvement in medical herbs and enabling them to be used by the military. However, the efficacy of the medicine was unknown⁵⁵.

There were calls for the establishment of a standardized pharmacopoeia for Chinese medicine to make it more accurate and reliable, as well as calls for manufacturing medicinal powder for ease during transportation and consumption. More importantly, although physicians prescribed these medications, most of those managing Chinese medicine were merchants who did not possess scientific knowledge. The merchants thought that Chinese medicine was good as long as it was dry, and mistakenly thought that they could use water-damaged and moldy medications as long as these were dried out in the sun. They did not consider the deterioration in quality, and they cut corners, effectively reducing the efficacy, and damaging the reputation of Chinese medicine (Zhang Qinyan 1939, 1-4). There were also calls for traditional Chinese medical herbs to be manufactured into new drugs, for example making “Zhongjiang Soup” from *Angelica sinensis*, and “Ruosu” from malt (Li Xiyan 1945, 6-7). Newspapers and magazines suggested that new medicine should be manufactured by scientific methods during such challenging times for the nation. However, some Chinese medicines published in newspapers and magazines still seemed to be existing prescriptions with very few changes. For example, Yang Zhuoyin published the “Cholera Rescue Emergency Wine”, which was the same recipe as traditional prescribed drugs, except that it was made into medicinal wine for more convenient use. The addition of some scientific explanations, such as for the sterilization of Chinese medicine and the strengthening of the heart, did not propel Chinese medicine above the narratives already in place before the war. The discussion required further in-depth investigation.

Near the end of the war, the author Ao Zheming wrote that even though victory was in sight after seven years of war, Western medicine supplies were still scarce. Chinese medicine physicians should leverage the knowledge learned and treat injured soldiers as well as their family members. There should be a two-fold focus on responding to diseases afflicting people from all backgrounds. First, a focus should be on editing teaching notes and establishing Chinese medicine lecture workshops for internal medicine and surgical subjects, as well as teaching Chinese and Western medicine in accordance with the publicized teaching curriculum set by the Ministry of Education by lecturers who are well-versed in both Chinese and Western medicine. This would lay the foundation for the establishment of Chinese medicine specialist schools and further promote Chinese medicine. Chinese medicine research societies should also be established at the provincial, county, city, district, and village levels with meetings taking place once a week for a discussion on treatment methods, submitting prescriptions for research purposes, and publishing these descriptions in magazines to improve the academic standing of Chinese medicine.

Second, the focus should include the manufacturing of pills, powder, gels, and alcohol solutions from researched prescriptions. Experiments should first be conducted at Chinese medicine clinics or by medical service teams located on the home front, and then medications could be mass-produced in factories if deemed effective at treating millions of soldiers. This would solve the lack of Western medical supplies. Ao also cited, for example, rhubarb grinding wine, which could be used to treat swelling and pain, and

rhubarb paste, which could treat wounds and was comparable to Western medicine's iodine. The Jiegu Pill, Qi Li Powder, Yu Zhen Powder, Huisheng Pill, Ruyi Golden Powder, Xianfang Vitality Solution, and Muscle Regeneration powder were effective, tried, and tested medicines. Ao believed military medical units should order more of these medications from the Chinese medicine manufacturers for use on the frontline and at home front hospitals to treat injured soldiers (Ao Zheming 1944, 4).

Other discussions and proposals on the efficacy of Chinese medicine mostly focused on the public prevention of epidemics and poisonings. For epidemic prevention, Wu Hanxian pointed out that Chinese medicine focused on cleansing the air of toxins by burning wormwood and huoxiang or using guanzhong and rhubarb to cleanse toxicity from liquids. Chinese medicine also consisted of many medicinal pills and powders for rescue and emergency response purposes. Their efficacy was not inferior to preventive vaccination. These promoters emphasized that Chinese and Western medicines should have equal status in terms of receiving the health administration's funding and support, which would simultaneously benefit nation-building and improve the health of soldiers and civilians (Wu Hanxian 1943, 84-86). The war had brought untold death and suffering. For the soldiers and civilians, however, epidemics that broke out during and after the war were the biggest concern, especially the epidemics of typhoid and malaria in the Japanese occupied areas which were very severe. Unfortunately, "there was a lack of professional Chinese medicine texts on epidemic prevention studies, as well as relevant research conducted". The author further pointed out that Chinese medicine physicians preferred to use thermometers but did not pay attention to sanitizing procedures. He stressed the need for them to keep up with the times vis-à-vis sanitation and hygiene to avoid being shunted aside to irrelevancy (Zhuang Xuren 1940, 1-3).

The efficacy of many prescriptions for the prevention of poisoning was unknown. Guangzhou's Chinese medicine community, upon seeing the use of poisonous gas by the Japanese military during the Battle of Shanghai and the lack of Western medical supplies or gas masks, asked to develop new methods. They discovered that the combination of the three herbs: banana leaf, sweet potato leaf, and evergreen leaf could be used to cover the nose and mouth to prevent entry of the poisonous gas. The covering combination was reportedly sent to soldiers at the front line and was proven to be effective. The medical efficacy was certified with the news being reported by the Central News Agency⁵⁶. There were even journal publications such as the "Compendium of Essential Prescriptions for Anti-Toxicity in Chinese Medicine", which mentioned the "Sizhen Anti-Toxicity Powder" which could be placed in a handkerchief or in a gas mask, as well as others that could be consumed orally or burnt externally for cleansing various poisons. More interestingly was the "Hui Long Soup" (Ren Ni), which, as pointed out by the author, was used by the 19th Route Army in 1932 in Shanghai when faced with poison gas attacks by the Japanese military. This prescription was obtained by one of the advisors in the 19th Route Army⁵⁷. In addition to promoting modern knowledge of poison gas and anti-toxicity, the Chinese medicine community also tried to demonstrate the possible benefits provided by Chinese medicine. For example, upon being attacked by poison gas, one should perform actions such as cleansing, wiping, changing clothes, etc., and then consume the "Chu Hui powder" consisting of *Atractylodes*, *Angelica*, *Huoxiang*, *Jiangxiang*, *Chuanxiong*, *Calamus*, *Campanulaceae*, and more, which enabled the patient to regain consciousness. The "anti-poison gas prescription" burned the powdered form of the prescription to save patients. It could also detoxify water when placed in a well, another demonstration of Chinese medicine efficacy (Ya Xian 1938).

Conclusion

This work has summarized aspects that have been neglected by past scholars of Chinese medicine's history, namely, the role Chinese medicine played during the Sino-Japanese War. Reviewing a compilation of magazines, journals, and books from that period allows the reader to understand the possible positive

effects of Chinese medicine during the war. The possibilities revealed by these texts are inherently connected to the development of pre-war Chinese medicine. For those who were filled with optimism for the development of Chinese medicine, the merging of Chinese and Western medicine during the war, their combination and substitution, gave the impression that there was no distinction between Chinese and Western medicine, but only “Chinese New Medicine” (Chen Guofu 1939, 15). However, the conflict and debate between Chinese and Western medicine continued, and the sense of emergency and nationalistic fervor amongst the Chinese medicine community was exacerbated with the outbreak of war, which only strengthened the fight for survival that traditional Chinese medicine was embroiled in prior to the war’s outbreak. This fight for survival was necessary due to the continued pressure from Western medicine, which evolved along with the pressing needs of war; Chinese medicine faced irrelevance if no meaningful actions were taken.

There was still a huge gap between Western and Chinese medicine. Western medicine had conducted large-scale epidemic prevention measures during the war, such as communication between the government and the League of Nations, and collaboration with the Rockefeller Foundation to implement anti-malarial campaigns in southwest China. Chinese medicine, in the meantime, was still struggling to gain acceptance into the national health system⁵⁸. At the war’s outbreak, a rescue team member in the Guangdong Chao’an national rescue team said he was questioned by the provincial governor as to why a national rescue team was not organized. He was exasperated at the lack of initiative in the Chinese medicine community and proposed an active organization effort. However, this led to funding issues, thankfully relieved by the provincial government. The rescue team member hoped for more comprehensive support, but he was not confident in the nation’s ability to support such emergency rescue teams in the long term or how to optimally utilize them⁵⁹. The Nationalist government lacked comprehensive planning, signaling to the Chinese medicine community, who looked towards the state for support and assistance through stable supplying and funding, that they could not rely on a functioning system. During this research, we discovered that the Chinese medicine community had built rescue teams, rescue training classes, rescue hospitals, pharmaceutical factories, provisional capital Chinese medicine hospitals, and other medical facilities, while some individuals sought to publish papers and investigate new uses of Chinese medicine in preparation for the impending war.

This thesis emphasizes and introduces the main points, takes stock of the actual circumstances of Chinese medicine in various aspects, and broadens the horizons of existing research on the history of Chinese medicine. Chinese medicine had, at least, the opportunity to be used by modern countries in warfare. Before the war, Chinese medicine was not utilized in the public health system and was denied entry into the epidemic prevention system; however, we see glimpses of opportunities for the development of Chinese medicine during the war. The war forced Chinese medicine physicians to look for ancient knowledge and think about their responses to modern warfare. This was a vertical transmission of knowledge and the method of knowledge accumulation for traditional Chinese medicine. More importantly, Chinese medicine interacted with Western medical knowledge in specific areas such as rescue and the prevention of gas poisoning, which created a horizontal connection of knowledge. This in turn led to changes in Chinese medicine knowledge theory. The definition and imagination of Chinese medicine after the war was transformed and increasingly distanced itself from its traditional image.

While these developments are not revolutionary changes, this thesis aims to point out the several weaknesses of Chinese medicine during the war which prevented it from becoming a more modernized and scientific form of medicine. First, “temporary solutions are not the norm and replacements are not equal to innovations”. The government only viewed Chinese medicine as a temporary solution to supplement the lack of Western medical supplies during the war. Even the research and development of Chinese medical drugs served only to replace the scarcity of Western medicine, with no consideration given to Chinese medical drugs’ place within the Chinese medicine system. This notion of replacement Chinese medicine

being its own practice made it harder to challenge the status of Western medicine, which was supported by science and regulations in terms of health, epidemic prevention, and the military medicine system. Second, we see that many provisional institutes were not able to bring about sustainable scientific research and development. The emergence of various training classes and workshops were only a reflection of the lack of proper, high-quality education and training at many Chinese medicine schools and were therefore unable to meet the demands of war. The inability to spur proper education and training would mean that all reforms were temporary and not sustainable. We should search for more materials to understand the post-war situation. However, the post-war situation did not seem optimistic, as the Nationalist government faced internal instability and was soon dragged into the Chinese civil war⁶⁰. Chinese medicine, in the field of military medicine, developed further in the Communist-occupied zones or in the new China that was established (Ling Changquan, Zhu Dezheng, Gu Wei 2014, 26-29).

For pharmaceutical manufacturing, despite the emergence of many innovative ideas and methods, there were strict ratios and manufacturing processes for the development of Western medicines, and there was no need to look for prescriptions. However, the various prescriptions of Chinese medicine were scattered throughout many books, and there were an insufficient number of pharmacologists to develop drugs. Their usage was made more difficult as regular workers could not be equipped with advanced pharmaceutical skills and thus were incapable of making classical prescriptions based on scientific methods. Therefore, most of the convenient drugs were simple substitutes, with few new drugs being developed. The construction of laboratories for the manufacture and development of new domestic pharmaceutical drugs required more time and even more attention and resources.

Many reference books and classical medical books could not be referenced during the war, texts that would have required an undue amount of time to study individually⁶¹. Therefore, in-depth research into and development of Chinese medicine will herald a fresh start in Chinese medicine history. Such research has already begun, and we will need to carefully evaluate and explore its future developments as we await the next emergence opportunity.

Notes

- 1 According to research, Chinese medicine at that time leveraged on “national essence”, “national heritage”, and “national production” and used it as a supporting force for traditional culture, which is in sharp contrast to the image of imperialism and aggression reflected by Western medicine. Such a representation was well accepted by the Nationalist government. For example, in the “Chinese Medicine Public Bulletin”, Sun Yat-sen’s remarks were attached in the preamble. Dr. Sun had repeatedly stated the need to rejuvenate traditional culture and has also opposed the unequal treatment and discrimination imposed upon China by Western powers. The Chinese medicine community grasped this “national representation” inclination and turned Chinese medicine into a “National Medicine”, successfully quelling calls to stop the use of Chinese medicine. Cf. Pi Kuo-Li 2009, 64-77. On the transformation of Chinese Medicine during the ROC period, refer to Sean Hsiang-lin Lei 2014; Bridie Andrews 2014.
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- 60 This is an interesting observation, demonstrating that the broad trend of history can always be viewed through a narrow lens. The Chinese Communist Party maintained wartime mobility even after the war, and leveraged the experience accumulated during the Sino-Japanese War in the use of Chinese medicine during the Chinese civil war. The Nationalist government, on the other hand, lost their bearings in reforming the system and failed in producing good policies of Chinese medicine reforms. While this was just a minor concern in the broader scheme of things, it demonstrates the Nationalist government’s inability to leverage past experiences and to maintain technological reforms, hence being reliant on American assistance. It lost control over all of China due to a lack of innovation and reflection, and failed policies.
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