

Discussion on Scientification of Acupuncture in Hong Kong in 1950s: With Special Reference to Zhu Lian's *The New Acupuncture*

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Received: August 4, 2010 Accepted: October 11, 2010 doi:10.5539/ach.v3n2p2

The work described in this article was fully supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region, China (Project No. 9041279, CityU 142707)

Abstract

Acupuncture is an ancient form of healing based on theories of traditional Chinese medicine. Since the 1920s, Chinese medicine has faced the challenge of modern science and western medicine. The scientification of Chinese medicine was the most important way to respond to the challenge. Zhu Lian's *The New Acupuncture*, published in 1951, was the pioneer work in the field of acupuncture in communist China. This paper probes into the discussion on scientification of acupuncture raised by *The New Acupuncture* among Hong Kong practitioners of Chinese medicine during the 1950s. Some practitioners followed Zhu's route to unlock the healing mysteries of acupuncture using the theory of higher nervous activity, and some of them doubted the compatibility of this theory with that of traditional acupuncture. The debate reflected the fervent search by Hong Kong practitioners of Chinese medicine for scientification of acupuncture when Chinese medicine was peripheralized in 1950s Hong Kong.

Keywords: Acupuncture, Chinese medicine, Hong Kong, Zhu Lian

1. Introduction

Influential in shaping the practice of Chinese medicine, acupuncture is an ancient form of healing based on theories of traditional medicine, such as those of meridians, acupoints (shorthand for acupuncture points), and Zang-fu organs. The clashes between western science and traditional knowledge have ushered Chinese medicine, including acupuncture, into a new era. Interestingly, even without scientific backing, many people give credence to its healing power, and in fact many illnesses can be cured just by using acupuncture therapy. Today, researchers of both Chinese and western medicine have probed into the scientific dimension of acupuncture in order to unravel its medical mysteries.

The major challenges facing researchers, however, are whether it is feasible to scientificize acupuncture and how to do so if feasible. Widespread concerns were raised among Chinese medicine practitioners in Hong Kong in the late 1950s. Causing unprecedented responses at home and abroad, the publication of *The New Acupuncture (Xin zhenjiu xue)* by Zhu Lian (1909-1987) in 1951 dramatized the already heated discussion (Zhu, 1951). This medical treatise was considered the pioneering work in the scientification of acupuncture in mainland China since 1949.

In the 1920s, Yu Yunxiu had proposed abandoning Chinese medicine. This highlighted the need for scientificizing traditional therapies. As a result, practitioners sought to transform and modernize Chinese medicine, and urged its integration into western medicine, hoping to give a new direction to its development. After 1949, a large influx of prominent medical specialists from mainland China provided fresh impetus for traditional-medicine education in colonial Hong Kong. Deprived of government support, the development of Chinese medicine took an entirely different path and inevitably lagged far behind its western counterpart. The

publication of two medical journals in the 1950s expedited the modernization process, namely *Present-day Chinese Medicine Journal* (*Xiandai zhongyiyao*) published by the Institute of Modern Chinese Medicine and founded by the editor-in-chief Chen Julin, and *New Chinese Medicine* (*Zhongguo xin yiyao*) established by the editor-in-chief Zhang Gongran, an expert in bridging traditional and western medicine.

The publication of *The New Acupuncture* sparked vivid debates in Hong Kong. Articles airing differing views but centering on scientification of Chinese medicine were published in the two medical journals by the concerned practitioners. The purpose of this paper is to 1) put Zhu Lian's *The New Acupuncture* and its relevant discussions back into the historical context of Chinese medicine in mainland China and Hong Kong in the 1950s, and 2) analyze the arguments set forth by her and other practitioners so as to get a clearer picture of how the issue on scientificizing acupuncture was being dealt with.

2. Zhu Lian and *The New Acupuncture*

Zhu Lian (1909-1978), born in Liyang County, Jiangsu Province, originally studied and practiced western medicine. She was a medical graduate of Zhihua School of Obstetrics in Suzhou. After 1949, she took up the positions of Vice President of the China Academy of Traditional Chinese Medicine (TCM) and Director of the Institute of Acupuncture and Moxibustion, which is the most important institute of TCM research in the PRC. Her professional background allowed her to discuss acupuncture from a broad range of perspectives, from purely western medical science to a mix of Chinese and western medicine. She joined the Chinese Communist Party in 1935 and was a personal doctor of an eminent politician, Dong Biwu (Vice-President of the PRC, 1959-1975). These special positions helped her become a leading figure of acupuncture research after 1949.

According to Kim Taylor, political influences, such as the criteria of newness, science, and unity set by Mao Zedong during the civil war, and the proposition of scientificizing Chinese medicine and popularizing western medicine, as well as the unique socio-economic atmosphere during the early years of the People's Republic of China, underlay the compilation of *The New Acupuncture* (Taylor, 2005). The Chinese Communist Party considered acupuncture an affordable, efficacious, and convenient method of treatment particularly suitable for impoverished areas where medical resources were in short supply. Obviously the purpose of promoting the use of acupuncture was to address medical needs in rural villages. Taylor points out that acupuncture was a simple but powerful tool for promoting public hygiene, not only because it was easy to learn and safe to use, but because villagers were familiar with and hence confident in this inexpensive treatment. Adopted by physicians trained in western medicine, acupuncture quickly gained considerable prestige among Chinese medical practitioners, which in turn facilitated the work of integrating Chinese and western medicine for the fight against diseases in underserved rural areas.

Zhu Lian, a strong advocate of acupuncture as well as a respectable acupuncture trainer, adopted a modern scientific approach to her medical research. Translated into Korean, Vietnamese, and Russian, her book *The New Acupuncture* ignited a new wave of academic discussions. In the preface, she explained that she had been perplexed by the seemingly inexplicable but miraculous healing power of acupuncture, which drove her into exploring this therapeutic practice, and the book was the end result of her medical investigation undertaken since 1946. She emphasized the importance of acupuncture research because she had high hopes for enhancing indigenous medicine through scientific advances. A quotation in her book from Chairman Mao, "modern medical doctors should not only unite and learn from traditional medical practitioners, but also refine their medical expertise for the fight against human and animal diseases in peripheral areas," underlined the need of physicians to study seriously the medical legacy of their motherland and their duty to perfect traditional clinical practice. Zhu herself was a good example. As a physician of western medicine, not only was she highly competent at Chinese medicine, but she also played a significant role in advancing traditional medicine through innovating acupuncture techniques. Following the adoption of acupuncture therapy by western medicine, Zhu noted: "Students of western medicine appreciated very much the efficacy of acupuncture, while students of traditional medicine, amazed by the remarks complimenting the effective, clean, and painless neo-acupuncture, realized the need to revolutionize the old acupunctural practice" (Zhu, 1951).

Nevertheless how to innovate this traditional form of healing was an interesting question. Neo-acupuncture, considered as effective, clean, and painless, merits further attention to its quality of newness.

The New Acupuncture comprises a total of five chapters, namely Chapter 1: Introduction, Chapter 2: Principles of Acupuncture Therapy, Chapter 3: Acumoxology, Chapter 4: Introduction to All Acupoints, and Chapter 5: Acupuncture Therapy. Chapter 1 is divided into 1) Origin of Acupuncture and Its Current Situation, 2) The Importance of Studying Acupuncture, and 3) Acupuncture Is No Panacea. Chapter 2 consists of four parts: 1) The Secret of Acupuncture's Healing Power, 2) Three Key Steps in Practicing Acupuncture, 3) Reinforcing and

Reducing Methods, and 4) Adaptive Diseases and Contraindications. Chapter 3 is composed of 1) General Knowledge of Acupoints, 2) Acupuncture Techniques, and 3) Moxibustion Techniques. In Part 2 of Chapter 1, Zhu states that “transforming Chinese medicine should not be seen as equivalent to replacing all medical heritage with a complete new set of western clinical practices, but as a way of rationalizing and schematizing the entire system in order to upgrade the experience of TCM to the level of scientific theory.” How to rationalize and schematize Chinese medicine, however, was the main issue Zhu did not address. She only noted three areas that should be dealt with: traditional acupuncture falls short of hygiene standards, as many acupuncturists inject through clothes; they do not understand physiology and anatomy and hence randomly place the needles and moxa because they are not sure how to locate acupoints correctly; and some of them even write and mutter incantations prior to giving therapy. If there were only these three areas for improvement, however, modernizing Chinese medicine would be just a simple task unworthy of further discussion.

China followed closely the Soviet Union’s lead in the early years of the PRC; it seemed, therefore, politically correct for Zhu to refer to Pavlov’s theory of higher nervous activity to unravel the healing mysteries of acupuncture. The curative effects of acupuncture derive mainly from its ability to stimulate and modulate the regulatory and control functions of nerve cells. Formed by billions of cells that are organized into different patterns to perform distinctive jobs, a human body can automatically repair injuries. Neural stimulations resulting from needling acupoints trigger extensive regulatory mechanisms to revive the body. So acupuncture is not limited to affecting only areas near acupoints or neural pathways. To scientificize acupuncture completely, however, the question of what effects result from needling which acupoints should be answered. Unfortunately the theory of higher nervous activity cannot address this question properly, though it provides a scientific basis for modernizing acupuncture. Zhu stressed in the second preface that her understanding of Pavlov’s theory was superficial. Perhaps she was being humble, but it should be noted that she rarely used this theory to explain the curative effects of acupuncture in the book.

Repeatedly emphasizing the intergration of science and acupuncture, Zhu was seen in mainland China as a pioneer of incorporating science into acupuncture. Throughout the book, she made a lot of effort to illustrate physioanatomy and acupuncture therapy. In Chapter 4, she provided abundant medical information, including names, locations, and an anatomical atlas of acupoints, acupuncture methods, and therapies. She directly adopted the original names and locations of acupoints from traditional medical treatises without making amendments. She made, however, a number of improvements. First, she reorganized the acupoints that had traditionally been described as being located along the fourteen meridians, as well as specifying a number of other extraordinary acupoints. Second, she redrew the acupuncture map and divided it into eight sections, namely the head, neck, shoulders, chest, abdomen, back, upper limbs, and lower limbs. Third, she grouped the acupoints into segments, for example, the midline of the chest, the first sideline, and the second sideline, and also into sections, such as the eye, nose, and ear.

Zhu listed all acupoints according to their locations and anatomical areas, and respective acupuncture methods and forms of therapy. Considering that anatomical knowledge, together with modern acupuncture therapy, developed according to western medical understanding of illnesses, forms a solid foundation for scientificizing acupuncture, Zhu strongly advocated the application of anatomy and western medicine in acupuncture. Acupuncturists had found it hard to identify and locate acupoints correctly, however, and this had proved a persistent obstacle to modernizing acupuncture. In view of this, Zhu redefined each acupoint based on more than twenty acupuncture treatises, adopted common anatomical terminologies, and drew a three-dimensional atlas of acupuncture. Standardization of acupoints has been underway for sixty years, and numerous breakthroughs have been achieved, for example, correct identification of acupoint locations (World Health Organization, 1991), adoption of western medical terminologies, abolition of traditional descriptions of illnesses such as *Re* (heat), *Han* (cold), and *Xu* (void), and provision of acupuncture illustrations for treating certain illnesses. In short, Zhu contributed substantially to the incorporation of science into acupuncture.

Apparently following the traditional theory of acupuncture, *The New Acupuncture*, in fact, only keeps the original names of acupoints and some specific methods of treatment. In practice, it departs from the original Chinese medical systems by disregarding Zang-fu organs, meridian theory, and traditional ways of locating acupoints.

3. Responses of Hong Kong Practitioners of Chinese Medicine to Zhu Lian’s *The New Acupuncture*

3.1 Comments

Revised several times and republished in 2008, *The New Acupuncture*, the first treatise on acupuncture following the establishment of the PRC, won widespread acclaim and sparked intense debates because of its

unconventional approach to traditional medicine. Introducing scientific methods for research and providing reference for clinical practice, this pioneering work also attracted considerable attention of medical practitioners in Hong Kong. Liang Juexuan remarked: "Causing widespread concerns at home and abroad, Zhu's *The New Acupuncture* has aroused considerable interest in acupuncture research." Liang, a local physician of traditional medicine, published "A Few Thoughts on the New Acupuncture" (*Du xin zhenjiu xue hou de ji dian yijian*) in 1952 to share his opinions on the three suggestions Zhu made for improving acupuncture, including fingernail observations, substitution of moxa smoke for paper smoke, and mild-warm moxibustion (Liang, 1952, p.18).

In 1956, Xie Yongguang, a famous acupuncturist in Hong Kong, published a long article in the October issue of *New Chinese Medicine* roundly criticizing Zhu's rejection of the fourteen meridians in acupuncture. He commented that Zhu, unconvinced by the theory of meridians, had probably found it difficult to remember all the meridians and hence never mentioned the relationship of particular meridians to treatment of certain illnesses. Evidently, the fourteen meridians received little attention in *The New Acupuncture*, but why was the relationship of meridians to treatment of certain illnesses also ignored? Zhu stated:

According to traditional Chinese medical theory, acupoints are located along regular meridians on the four limbs. Three *Yin* and three *Yang* meridians go along the arms; another three *Yin* and three *Yang* meridians go along the legs. Together with two extra meridians, *Ren* (conception meridian) on the chest and *Du* (governor meridian) on the back, they form fourteen meridians. Anatomically, the locations of acupoints roughly correspond to those of exciters. The distribution of acupoints along the meridians, however, is found to be improper. Japanese medical experts recognize most of the acupoints used by Chinese acupuncturists, but deny the theory of meridians simply because its illustrations of flesh, bones, and neural networks do not conform to modern anatomy. Such discrepancies necessitate scientific research on the physiological functions of acupoints (Zhu, 1951).

From Zhu's point of view, scientific research would fit acupuncture into the modern anatomical framework. Although Zhu acknowledged that the theory of meridians was based on abundant empirical findings and ancient medical wisdom, the fourteen meridians were not discussed in her book. Zhu also disagreed with Japanese medical practitioners on their selection of 120 acupoints and disregard of all others, including some very common points. She noted:

The locations of the fourteen meridians roughly correspond to the anatomical distribution of exciters. Responses of the human body to acupuncture stimulation can basically be explained by neuroscience. Knowledge of higher nerves, however, was not available to ancient therapists, and hence discrepancies inevitably arose, because traditional acupuncturists, without a full understanding of neurology, simply formed associations between acupoints and internal organs. According to traditional acupuncture, acute pericarditis, for example, is treated with inserting needles into the *Hegu* and *Quchi* acupoints. These two acupoints belong to the large intestine meridian of the hand, *Yangming*. To stop the pain caused by intercostal neuralgia, traditionally a needle is placed into the *Xingjian* acupoint located along the liver meridian of the foot, *Jueyin*, on both legs. Some acupoints are hard to remember, because they are intricately connected with each other. On the other hand, I regard that, carrying specific meanings and well-known among ordinary people, the names of acupoints are a historical legacy and hence should not be changed. The original alignment of several acupoints into a meridian can also be adopted (Zhu, 1951).

The quotations above manifest a dilemma Zhu faced: on the one hand, according to the theory of higher nervous activity, the therapeutic effects of acupuncture come from our repair mechanism, which means the relationship between acupoints and the Zang-fu organs is not important; on the other hand, the fourteen meridians and acupoints are inseparably related, and the identification of acupoints relies on ancient acupuncture treatises, so if the theory of meridians is rejected, then the knowledge of traditional acupuncture will be completely toppled. In fact Zhu's comments on the distribution of meridians were inconclusive, but surprisingly became Xie's focus.

The following quotation outlines Xie's viewpoints:

As major obstacles to the scientific advancement of acupuncture, superstitious elements, for instance, the generation cycle of the five phases, the concept of *Shi Tian* (first half of the year) and *Zai Quan* (second half of the year), the midnight-noon cycle of *Qi*, and the concepts of Man and Universe, should be discarded. The unscientific aspects of meridian theory, if any, must be identified, because they are of great concern (Xie, 1957).

Xie considered that meridian theory was developed over a long period of time and should not be disposed of without much thought of its historical significance. The distribution of meridians, unrelated to our neural networks, bloody vessels and lymph glands, cannot be lucidly explained by modern anatomy. Zhu's viewpoint was too inclined to anatomy and Xie's discussion centered on whether the theory of meridians should be abandoned.

The criticism of Chinese medical theory by Yu Yunxiu in his “Discussion of *Divine Pivot* and *Plain Question*” (*Lingsu shangdui*) shook the foundation of traditional medicine. (*Divine Pivot* and *Plain Question* are the titles of the two component parts of *The Yellow Emperor’s Inner Classic*, a foundational text of Chinese medicine, which originated during or before the Han dynasty.) Yu believed that “understanding the intricacies of meridians through studying anatomy allows better comprehension of physiology and pathology” (Yu, 2006, p. 35) and that “meridians contain both arteries and deep veins but are simply mistaken for arteries in both *Divine Pivot* and *Plain Question*” (Yu, 2006, p. 37). Western medical practitioners understand meridians through anatomy, but obviously this western perspective is incompatible with Chinese medicine. Traditional medicine has a long history, but this does not mean that it must be correct. Yu’s main purpose was to undermine the basis of traditional medicine theory regardless of its profound history. Zhu’s viewpoints on meridian theory were more moderate than Yu’s in that Zhu disagreed only with the traditional distribution of meridians because of its inconsistency with anatomy but had never rejected the existence of meridians.

Perhaps Xie knew that only defending traditional knowledge served no purpose; therefore he based his arguments on research findings of Japanese, French, and German scholars in order to prove scientifically the existence of meridians (Fumio, 1955, p.16). These research findings, however, also served no purpose because meridians cannot be explained, nor even their existence proved, by neurology and anatomy alone. Xie’s arguments failed to address Zhu’s viewpoints in that Zhu had never rejected meridians’ existence but only disagreed with the traditional understanding of their distribution. All arguments Xie put forward only suggest that meridians exist.

Xie furthered her discussion by citing Zhang Xichun’s personal observations from his *Records of Traditional Chinese Medicine in Combination with Western Medicine* (*Yixue zhongzhong canxi lu*) to prove the therapeutic effects of some acupoints. A number of clinical observations reported in this book indicated that the use of certain acupoints and the effectiveness of treatment of certain illnesses are highly correlated. Xie concluded that “this book has given a wake-up call to those who regard the traditional arrangement of acupoints as improper.” Logically speaking, Xie’s conclusion fails to topple Zhu’s arguments. In fact a counterexample suffices for casting doubts on its reliability of the whole fourteen-meridian system. Nevertheless, Zhang’s observations can never be seen as systematic proof of the existence of meridians.

Frankly, it might not be meaningful to comment on whether research done fifty years ago was scientifically sound. Apparently Xie wanted to use research findings done by scientists and doctors from Japan, France, and Germany only to prove that meridians really exist. These countries were considered to be more advanced than China at that time; this gave the Chinese scientists an impression that their research findings must be scientific and well conducted. In the preface of his *Dissemination of Chinese Acupuncture to Foreign Countries* (*Zhongguo zhenjiu chuan haiwai*), Xie stated:

Recently, in the twentieth century, many medical researchers in Europe and the United States have been proactively looking for new therapeutic treatments because of their dissatisfaction with conventional medicine.... This led to the popularity of Chinese acupuncture in Europe.... Some European scholars have observed the similarities between acupuncture therapy and homeopathic treatment. Although the similarities of these two medical treatments have not been recognized widely, this observation reflects that acupuncture has been highly acclaimed by many advanced European countries (Xie, 1970, p. 7).

This quotation, especially the last statement, reveals Xie’s intention to prove the scientific rationality of acupuncture based on the ground that many advanced European countries were also interested in acupuncture research. Obviously, it was Xie’s individual viewpoint. It was not really true that many scientists and doctors of advanced European countries were interested in acupuncture at that time.

Xie argued his viewpoint again in his later publication, *The History of Chinese Medicine in Hong Kong* (*Xianggang zhongyiyao shihua*). He reaffirmed his views by disputing what he considered Zhu’s spurious claims rejecting meridian theory in *The New Acupuncture* (Xie, 1998). With hindsight, this later publication is far from simply a medical review but a declaration by Hong Kong acupuncturists against rejection of meridian theory.

3.2 Pavlovian School and Advancement of Acupuncture

The novelty of Zhu’s viewpoints lies in her application of Pavlov’s theory of higher nervous activity in acupuncture. This theory, new to practitioners of Chinese medicine in Hong Kong, is better understood in the context of the whole Pavlovian theory. That was why articles introducing Pavlovian theory were published in *New Chinese Medicine* following the publication of *The New Acupuncture*.

Zhao Xiuzhu published an article named “Pavlovian theory” in *New Chinese Medicine* in December 1954. It

begins:

In recent years, acupuncture has been immensely popular in foreign countries, such as Japan, France, Germany, and the Soviet Union. It has started to receive attention in the U.K and Italy. I pay tribute to our ancient philosophers for their contributions to Chinese medicine. What, however, are the principles of acupuncture? Previously it was believed that an increase in the number of white blood cells leads to an increase in immunity. Now reflex theory prevails.... Regulating neural functions determines the effectiveness of acupuncture (Zhao, 1954, p.3).

Obviously Zhao's viewpoint is in line with Zhu's. Perhaps Zhao formed his arguments based on Zhu's observations. Nevertheless it should be emphasized that the main concern here is the wave of interest in Pavlovian theory aroused by *The New Acupuncture*.

Chan Gongming reported that he was repeatedly asked by editor Zhang Gongrang to republish his article "On Physiology in the Mid-Twentieth Century Pavlovian Era" (*Ershi shiji bafuluofu shidai shengli xueshuo*) in *New Chinese Medicine*. This article was originally published in Chan's *The History of Physiology (Shenglixue fazhan shi)*. Pavlovian theory was likely to have remained unnoticed within the Chinese medical sector without Zhu's use of Pavlov's theory of higher nervous activity to explain the therapeutic effects of acupuncture in *The New Acupuncture*. In my view, Zhang intended to let his readers learn about Pavlovian theory so that they could better understand how the theory of higher nervous activity was used to explain the therapeutic effects of acupuncture.

Two articles, namely "Application of Pavlovian Theory in Improving Acupuncture Operations" (*Yingyong bafuluofu xueshuo gaijin zhenjiu jishu zaozuo*) by Xu Jianquan and "Acumoxology and Neurology" (*Zhenjiuxue yu shenjingxue*) by Xiang Shixiao, were published in the January 1955 issue of *New Chinese Medicine*. Xu proposed the use of acupressure in lieu of acupuncture. This alternative treatment is pain-free, convenient, and safe. Unlike acupuncture, which uses needles to induce positive reactions, acupressure only triggers conditioned reflexes—which are the main focus of research in Pavlovian theory—by pressurizing acupoints (Xu, 1955). Observing that reflex actions derive from the cerebral cortex, which regulates and controls the skin and organs, Xiang agreed with Zhu that by inflicting pains on the skin and organs, acupuncture stimulated and regulated neural functions. He concluded that stimulating the skin has certain effects on internal organs and that reflex actions are valuable for us in understanding acupuncture, and hoped that "acupuncturists could utilize Pavlovian theory in scientificizing acupuncture and finding a way to make it pain-free" (Xiang, 1955).

Following the path of Zhu, in 1956, Liang Juexuan published "Recap on Acumoxology" (*Zhenjiuxue shuyao*) to introduce the connection between acumoxology and neurology. In 1951 Chan Gongming in "Chinese National Medicine: The Scientific Principles of Allopathy and Acumoxology" (*Zhongguo minzi yixue – duizheng liaofa yu zhenjiu liaofa de kexue yuanli*) not only explicated Pavlovian theory, but also agreed with Zhu's explanation of the therapeutic effects of acupuncture based on neurology (Chan, pp. 105-107). Wu Yuding in "Acupuncture Therapy and its Development" (*Zhenjiu liaofa ji qi fazhan*) also used neurology to explain the medical effects of acupuncture (Wu, 1958, p. 10).

Undoubtedly Zhu's *The New Acupuncture* aroused specific interest in Pavlovian theory among Chinese medical scholars. In Hong Kong, practitioners of traditional medicine did not blindly follow others' thoughts, but instead reformed the established approach to acupuncture by introducing and popularizing Pavlovian theory. Based on this theory, Xu Jianquan and Xiang Shixiao refined acupuncture techniques and explained the principles of this ancient therapy. In short, *The New Acupuncture* created multiple effects on the scientificization of acupuncture.

4. Conclusion

In *A Conclusion on the Three Issues on Chinese Acupuncture Texts (Zhongguo zhenjiu wenxian shang san ge wenti de zongjie)*, Chan Cunren noted:

Contemporary acupuncturists follow two directions towards acupuncture research. One approach includes textual criticism, reorganization of medical knowledge, and summarizing clinical experience accumulated since ancient times; the other approach includes incorporation of modern science into traditional medicine, particularly the knowledge of physioanatomy and the theory of higher nervous activity, in addition to perfecting and promoting Chinese medicine.

In recent years, many good acupuncture books have been published. Generally speaking, practicality is a crucial consideration for all publications; therefore acupoints, because of their obvious medical functions, receive significant attention while meridian theory is put aside (Chan, 1956, p.3).

Noticeably, *The New Acupuncture* affected Chan's understanding of the relationship of acupuncture with physioanatomy and nerve theory. Unlike the scientific explanation of meridians, the actual effects of acupuncture

are the practical issues that have to be understood, so the therapeutic functions of acupoints should be the focus of interest. However, Chan disagreed with this approach; instead he believed that studying ancient texts and learning from past experience were the keys to future medical breakthroughs. Chan and Xie had similar but different approaches in that Xie only advocated traditional knowledge and did not call for reorganizing ancient medical texts.

The New Acupuncture serves as a role model for scientification of acupuncture. Exploring the possibility of scientificizing Chinese medicine in 1950s, medical practitioners were enthralled by this brand-new perspective. Some of them followed the route of Zhu to unlock the healing mysteries of acupuncture using the theory of higher nervous activity, and yet some of them doubted the compatibility of this theory with that of traditional acupuncture. Nevertheless, the publication of this masterpiece brought about crucial discussions on scientification of acupuncture and highlighted the central dilemma practitioners had been facing over whether they should insist on traditional medical practice or accept scientific approaches to traditional knowledge.

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