

EDITORIAL COMMENT

There are certain phenomena in cross-cultural relations which deserve to be named. Let me suggest the term "medical ethno-masochism" (M.E.M.). If there were specialists in cultural ills they might conceptualize M.E.M. as a disease with the following symptoms: "pathological desire to downgrade the medical achievements of one's own culture/society and to admire the medical achievements found in or presented by a culture other than one's own". Incidence and prevalent rates are, due to a lack of quantitative research, difficult to establish but certain groups in Western societies are identifiable which appear to be particularly susceptible to suffering from M.E.M. M.E.M. is not necessarily manifest as an illness because the individual carrier does not feel affected; the afflicted is able to carry out daily activities without any restrictions due to the disease. M.E.M. represents one end of a continuum at the other end of which we locate another 'disease' termed "medical ethno-chauvinism" (M.E.C.), often referred to as "medical ethno-centrism". The symptoms of M.E.C. have been sufficiently described in the literature (notably especially by those suffering from M.E.M.), they need not be outlined here again. Health, that is (according to the W.H.O. definition of disease) the absence of M.E.M. and M.E.C., is found in the middle of the continuum and, although it is uncommon to provide "health labels" (in contrast to "disease labels") to individual states of well-being, we might identify health in this case as "an ability to conduct disinterested and detached cross-cultural comparisons of achievements in health care." Similarly to other diseases, M.E.M. and M.E.C. have a geographical distribution and have existed historically. While both these aspects are insufficiently documented at present, available evidence suggests that the phenomena of M.E.M. and M.E.C. are not restricted to any specific cultural sphere; furthermore, first reports of M.E.M. and M.E.C. date back to ancient civilizations.

Those who share my own particular interest in the cross-cultural medical relations between China and the West, may agree that it is here where M.E.M. and M.E.C. have been most prevalent over the past ten or so decades. Interestingly, at first the Chinese seem to have suffered from M.E.M. (with an apex reached in the twenties of this century) while Western intruders displayed each and every symptom of M.E.C. imaginable. If we consider M.E.C. and M.E.M. as thesis and antithesis in a cross-cultural contradiction between East and West, in a fascinating modification of the laws of dialectics this contradiction did not result in a cross-cultural synthesis as might have been expected (although I do not deny that some individuals have been able to achieve this synthesis) but rather in a mutual exchange of the former positions. While M.E.C. is still observable, albeit no longer fashionable, in Western societies M.E.M. is "in". In China, voices continue to deplore the state of traditional medicine whilst uncritically admiring the achievements of modern Western medicine. These are heard on both the mainland and on Taiwan, but there is increasing evidence of a rising Chinese M.E.C. In October 1980 I had an opportunity to witness one of the most recent outbursts of Chinese M.E.C. while attending to the so-called "World Congress of Chinese Medicine and Pharmacy" in Taipei. 895 Chinese participants and 183 foreign guests, among them a handful of Westerners, celebrated the superiority of Chinese medicine over Western type health care. At a reception sponsored by the delegation of the Hongkong Chinese drug merchants, a member of the Taiwan parliament, in his address of welcome, pointed out that "Chinese medicine has a documented history of 3752 years while Western medicine originated from Greek culture which, as we all know, is something of the recent past". Distortion of history seems to be a prominent symptom of M.E.C., clinically manifested in a lecture on medical ethics in Imperial China which emphasized that Chinese physicians have since antiquity practised on the basis of the most noble motives in contrast to those greedy M.D.s in the West. In another contribution to the conference the "China was first" syndrome received additional support when the claim that the first Chinese pharmacopoea preceded the first Western pharmacopoea by about 800 years was extended to an advantage of about 1000 years. The speaker took the liberty to compare the first Chinese herbal identifiable in terms of an author (T'ao's *Shen-nung pen-ts'ao ching* of A.D. 500) with the first drug code of the West, the Nuremberg pharmacopoea of 1542. (In truth, the Nuremberg code was, of course, the first Western drug code obliging physicians and pharmacists to follow specific standards of drug usage and can only be compared with the first such Chinese code issued in 1930, while the *Shen-nung pen-ts'ao ching* of T'ao Hung-ching could be juxtaposed with, for instance, the herbal of Dioscorides of the first century A.D.) The majority of the papers delivered at the Taipei "World Conference" did not, however, deal with the past, but presented the results of scientific analyses of Chinese herbal and acupuncture treatment along with testimonials to prove that Chinese medicine easily cures cancer, multiple sclerosis and a few more obnoxious diseases, whereas Western medicine is known to fail inevitably.

Just as Western M.E.C. earlier this century had encouraged those afflicted with it to export Western medicine to all corners of the world in a humanitarian effort backed by powerful economic interests, the reverse trend was one of the more impressive occurrences observed at the Taipei conference. Affluent producers of so-called Chinese medication have devised schemes to enter and conquer the Western market and to extend the benefits of Chinese medicine to all mankind. As part of such endeavours, educational materials in English were distributed at the Taipei conference; their level of sophistication being represented by the following excerpt from a brochure entitled "The Merits of Acupuncture and Moxibustion".

"1. Diagnosis becomes unnecessary

In the usual process in curing disease, diagnosis is the first step—like the pathogenesis inspection of the Western physicians, the process of which sometimes involves complicated procedures such as culturing and staining. Only after the pathogen is determined can the physicians give appropriate prescriptions, thus causing undesirable delays. If the pathogen cannot be determined, nothing can be done about the patient and the sick-aspect only worsens. In the case of acupuncture and moxibustion, however, the physicians does not have to know about the real cause of the disease. It is certainly desirable that he knows it. If he doesn't, and if the cause cannot be determined promptly in an urgent case, he can apply the symptomatic treatment, which means he can without hesitation, treat the acupuncture points connected with the symptoms, so that no chance of effective treatment will be lost. This is really a tremendous advantage for the patients and physicians."

I asked a number of Chinese participants at the conference for some explanations of the apparently primitive and distorted depiction of Chinese traditional medical therapeutic concepts in the brochure just quoted and other similar materials aimed at Western audiences. The explanations are worthy of attention. The people I talked with were quite aware of the phenomenon termed "M.E.M." at the beginning of this paper and of studies by Western ethnologists and anthropologists who have visited Taiwan in recent years, who have listened attentively to what practitioners told them about their theoretical foundations and actual achievements, whose command of Chinese and whose knowledge of traditional Chinese medical concepts as well as a certain hesitation to offend Chinese hospitality prohibited substantial discussions and critical evaluation, and who then returned home and wrote their essays and books, not rarely outlining the principles of Chinese medicine in a footnote or on a few pages as part of the introductory section, before emphasizing the advantageous characteristics of traditional Chinese health care practices. As was pointed out to me, the Chinese materials issued in English should not be more sophisticated because, obviously, "Who would understand their contents in the West?" Also, as the producers of Chinese medications are quite aware, the threshold for a Westerner to resort to Chinese drugs is much lower if he or she can utilize them on the basis of a diagnosis of easily understandable symptoms rather than on the basis of a difficult and complex theory.

Western M.E.M. and Chinese M.E.C. match each other perfectly. Will there be a cure, i.e. will there be a move towards the middle of the continuum, towards disinterested and detached comparison of health care achievements in the two civilizations concerned? One might still have faith in the workings of the laws of dialectics but a synthesis will have difficulties as long as the acquisition of a comprehensive education before field work remains a missing feature in some academic quarters of the West; while culturally defensive and economic interests (as well as mere stereotype information on Western medicine) dominate those speaking on the subject at occasions like the Taipei "World Conference".