

Personal Experience of Chinese Medical History: On the Occasion of My Inaugural Professorial Lecture, March 2022

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1 Introduction

The Inaugural Lecture, I imagine, is meant to be a presentation that demonstrates my best work or something summative about my academic career; however, unlike my colleagues who have delivered amazing mid-career lectures on topic, because I started as a very mature student after at least two previous careers, and am now two years from retirement, this presentation is surely some kind of swan song.

It also has to be delivered in terms accessible to those family and friends that are in the audience and do not really know what I do. There were great and celebrated scholars in my Chinese family from the 19th century onward, Qing reformers, nautical engineers and ambassadors who bore the burden of shame for losing the modern Navy to Japan or were representing China at the embassy in Portland Place during the Boxer Rebellion (Fig. 1). Nevertheless, most of the members of the family I knew as a child were sharp-tongued and sharp-witted, and very anti-intellectual; and still do not think I really do an honest day's work at UCL. Because, I sit at a desk all day and dream. Probably they are right. Honesty is overrated.

But first I would like to dedicate my presentation to the one person in my childhood responsible for starting me on the road to being an academic, Uncle Charles, Charles Lo, a professor of classical Chinese at Columbia University (Fig. 2) – Uncle Charles gave me a lesson in classical Chinese once a year from the age

of ten. When we were all rebel teenagers in my family, I was sent at 13 by increasingly desperate parents to New York. In ten days, Uncle Charles completely changed my life, not through discipline, but by seeding things which came to fruition over the course of my whole life. I would listen to him chanting as he was just now in the recording I just played, Tang poetry or the Zhuang Zi (庄子) in the local dialect of Fuzhou as he showered in his dingy Upper Broadway apartment. He was the first person to introduce me to my Chinese family in New York, to William Theodore de Bary and other famous sinologists. He took me to the library and showed me Chinese books; and imagined I might read them. He was my friend and mentor, and then in 1992, he ran out of my life and this world with a sudden heart attack on the tennis court in London next to St Thomas' Hospital, but only after beating me soundly 6:0, 6:3, 6:0. He was 82 and would have been happy to see me here today.

The trouble with giving the swan song lecture is that I have difficulty in thinking of my academic career in anything other than community terms, and the many communities who have helped me to be here today. Some are represented in the audience, some by those online on Zoom and Voov, and an increasing number have passed on. There are those who have helped me with child-care over the decades, children and grandchildren who have helped and hindered me, and kept me sane/insane, and those who have inspired, translated, edited, and run with me in various ways. I will celebrate, along the way, some of those communities that have dedicated themselves to interdisciplinary research into Asian medicine: the societies, journals, practitioners, teachers, students, artists and academics that I have been proud to work alongside.

I am going to talk about my research into the communities and networks that have created and disseminated medico-culinary and healing knowledge throughout the ancient and medieval Chinese worlds and beyond along the so-called Silk Routes – and those communities that are still doing so all around us. That is too huge for 40 minutes, but I just want to illustrate it with a few vignettes, that link together loosely around a few themes. As well as community, I am going to talk obliquely about phenomenology, *intersectional identities*, intimacy

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Figure 1 Portrait of Sir Luo Fenglu (罗丰禄, 1850–1901) (source from: the author).

in research, in the historiographical approaches of academic practice.

My work speaks to everyday lives in the early Chinese empires – and includes analysis of the most intimate experiences of individuals who wrote anonymously in the name of culture heroes such as Huang Di (黄帝 the Yellow Emperor) and Shen Nong (神农 the Divine Farmer); and who transmitted the recipes, and techniques of the ancients. Literate men, of course, inevitably, writing about sex, aphrodisiacs, acupuncture, food and drugs; but through whose work we can sense the lives of others less obviously powerful. Why these subjects? Certainly because of my personal history in acupuncture, culinary and martial arts, the medical humanities; and the availability of amazing new archeological sources that speak to these questions.

I read, translate, and analyze these manuscript sources for unique records of sensory perception: the everyday experiences of sickness and health, of food, sex, and medicine. The interdisciplinary approach that I have developed also provides a hermeneutics for the question, *why does Chinese medicine, broadly defined, remain the most popular traditional medicine worldwide?*



Figure 2 A photo with Uncle Charles (罗孝超) on Upper Broadway, 1970 (source from: the author).

How can we imagine that history is objective? History is not equal to the past. We select *and deselect* our topics, sources, and approaches because of who we are, ethnically, socially and politically. After working alongside “participant observers” in anthropology, “I” feel justified in using “I” in my historical narratives without feeling, and being made to feel, I am being self-indulgent. Who the hell is “one” anyway? My own crazy and diverse family have all shaped my academic career and my interests. I research the history of medicine and acupuncture, write about sense, sensuality, synesthesia in food, medicine, sex, and the martial arts; teach about racism against and within the East Asian communities because those are subjects that I cannot avoid, and feel passionate about, precisely because of the environment that I grew up in.

So, with each of my academic topics, I am going to give you some insight into why I chose it, and which communities have helped me develop my arguments.

2 Point 1: legacies of sex, magic, and marginality

Let’s start at the beginning.... with the most personal and intimate eureka moment – in SOAS library probably in 1993, just after my third child, Eleanor was born. I was reading Professor Ma Jixing’s (马继兴) transcripts

of the Mawangdui medical manuscripts. Mawangdui is a second century tomb-site excavated in 1973 in present day Hunan province. The manuscripts were buried in 168 BCE in tomb number 3 whose occupant was probably the son of the Lord and Lady Dai of Changsha. I was transfixed by one passage which appeared to describe a female orgasm in a sexual cultivation treatise, sexual cultivation being a key element in care of the body. Practical substance in the form of instruction to the male partner was given to what amounted to a technē of the senses common to the literature and culture of the *Fang Zhong Shu* (房中术 the arts of the bedchamber). He, the male partner, must learn to recognize, respond to and codify all the stages of female arousal: her aromas, sounds, breathing and movements, the feeling of being inside her. The qi (in a sensory experience cognate today with orgasm) emanated from the *Zhong Ji* (中极 Middle Extremity). By the second century CE, this term referred to an acupuncture point, but 400 years earlier in the second century BCE it had simply been a lyrical anatomical term for the area in the general vicinity of the uterus. At the moment of the woman's orgasm the male partner absorbed the yin essences of the woman, through a physiological interaction that occurred with the extension of qi throughout the female body, and the concomitant expression of the emotion of love.

In another manuscript placed nearby in the same tomb, there is what I claim to be the earliest extant map of the female genitals to assist the male reader... an image which both attests to close observation of the human body and the pedagogical realities in achieving mastery of sexual technē – a mastery which belonged to the highest domain of gentlemanly pursuits and is simultaneously representational of gendered power relations.

Note the language of qi, yin and yang.

“The symptoms of the great death [grand finale] are: the nose sweats, lips are white, the hands and feet all move, the buttocks do not touch the mat, rise and withdraw, if it becomes flaccid then there will be weakness. At this point the qi extends from the zhongji (中极 Middle Extremity), the essence and spirit enter the viscera and a brilliance of the spirit is born (from Mawangdui Silk manuscript *He Yin Yang* [168 BCE] [马王堆汉墓帛书 “合阴阳”] [公元前168年]).”

It was not just that this passage seemed to be a subjective experience of a female orgasm described by a man c. second century BCE (which is extraordinary in itself), but that the center of this experience appeared to be what I knew at the time as a well-known acupuncture point. Strange. It brought up many fundamental historical and anthropological questions.

- A) Can one recognize a sensory experience across 2000 years and 5000 miles?
- B) Why was this language of qi, yin and yang so central to a manuscript describing sexual cultivation?
- C) Why from an acupuncture point?

- D) How does this speak to the sensory architecture of the body?
- E) What was the relationship between the male recorder of this information and the female experience?

It quickly became clear that I was laboring under some misleading assumptions. These manuscripts date from an early stage before any system of acupuncture points had evolved and the point ‘Middle Extremity or as Donald Harper translates more lyrically, the “Central Bourne” was simply a reference to a place on the body roughly around the uterus. With subsequent research I established that this phenomenological language of the physiology of the inner body was more apparent in the second century BCE self-cultivation texts than it was in medical texts of the time. By self-cultivation I mean the texts recording breath cultivation and meditation, therapeutic exercises, a little like what we know as *Tai Ji* (太极).

Why? These are the practices, I conjectured, that expressed inner aspects of the body: how everyday experiences felt, and enhanced experiences of being (ill, well, hot, cold, comfortable, emotion, sexual arousal, altered states in meditation), rather than the more distanced observations of “other” people's illness such as one would expect in doctors records of medical practice. The language of qi, yin and yang was about how it felt to be alive from the perspective of the person or patient.

Here's a technique for someone recovering from a night of alcohol being instructed to do a steps-like exercise until the qi of the head flows downward, and proper sensory comfort is restored;

“Ailing from liao 廖 XX [liquor]. The prescription for pulling it: grasp a staff in the right hand, face a wall and do not breathe; with the left foot tread on the wall, resting when tired; likewise with the left hand grasp the staff, with right foot step on the wall, likewise rest when tired. *When the qi of the head flows downwards, the foot will not be immobile* (and numb), the head will not swell, and the nose will not be stuffed up.” (Zhangjiashan tomb, tomb closed 186 BCE)

Arresting, also, was the particular theme of penetration and inter-penetration evident in the self-cultivation texts, and the ability that we might also discover in religious and shamanistic ritual where the rituals stimulate changes in another person's physiology – their qi, yin and yang of other people through styles of exorcism or incantation and prayer. This was the beginning of a trawl through the canonical medical texts to find reflections of shamanic style needling practice in the later and emerging world of classical acupuncture... Let me quote from the medical classics about the way in which a physician would manipulate the qi of someone else through needling the body, another form of penetration:

Huang Di Nei Jing Su Wen (《黄帝内经·素问》 *The Yellow Emperor's Inner Classic: Basic Questions*) 54

(compiled c. 1st century CE) is explicit about the level of concentration required to be sure about the depth and location of a illness in live bodies. The practitioner is instructed to wait:

“...as if pouring over a deep abyss and not daring to sink down; the hand, as if holding a tiger, desires sturdiness; the spirit, without confusion from a crowd of other things, quietly and with intent observes the patient without looking to left or right.”

and

“The way to grasp the needle, in hardness be like jade. Hold (it) upright and needle straight. Do not needle to left and right. The spirit is an autumn hair. Fix the intention on the patient.”

The conditions required to nurture such attention are set out in *Ling Shu* (《灵枢》 *Spiritual Pivot*) 9:

“He (the practitioner) stays in an isolated and quiet place, forcibly holding the coming and going of the spirit; he closes the doors and shut the lattices and the *Hun* and the *Po* souls do not scatter; he concentrates the intention and unifies the spirit and refines the division of qi; he does not hear human voices in order to gather their (the patient’s) essence and unify their spirit; he commands the intent into the needle.”

Here we find the acupuncture practitioner using a still-familiar set of techniques to focus her/his own

body-mind, intention, into the technique itself. I am going to return to the theme of ritual and magic later, but I want to first acknowledge the academic communities that supported this work in Early China...

I mentioned Professor Ma Jixing, whose transcript of the Medical Literature unearthed from the Mawangdui Han Tombs directly lead to the Eureka moment when I stumbled on what I consider to be the only original thought I had during my PhD years. Back in 2005, Ma Jixing’s former student Wang Shumin (王淑民) and I convened a conference in honor of the 80th birthday of the venerable professor in I.M. Pei’s iconic Fragrant Hills Hotel in the mountains to the north-west of Beijing (Fig. 3). The conference was a part of a longer-term collaborative project on the visual cultures of medicine sponsored by UCL’s former Wellcome Trust Centre for the History of Medicine and the *Zhong Guo Zhong Yi Yan Jiu Yuan* (中国中医研究院, Academy of Chinese Medicine, now the China Academy of Chinese Medical Sciences) who have supported me for a long time. About twelve years later it resulted in a massive tome of a book about the visual dimensions of Chinese medicine *Imagining Chinese Medicine*, edited with the amazing Penelope Barrett without whom I can barely write, now online at Brill thanks to the Wellcome Trust (Fig. 4).

At the time Ma Jixing warned me about the sexual cultivation content of the ancient manuscripts, and



Figure 3 There are too many luminaries in the History and Anthropology of Chinese medicine to list in this caption. For example sitting in the second row alone, from left to right: Wang Shumin, Liao Yuqun, Ma Kanwen, Sakai Shizu, Paul Unschild, Ma Jixing, Cao Hongxin, Hal Cook, Shigehisa Kuriyama, Cai Jingfeng, Alain Arault, Zhu Jianping and William Shupbach. At the front from left to right, Sumiyo Umekawa, Zhou Xun, Paula Hung, Emma Ford, Xiao Yongzhi, Wan Fang and Zhen Yan. I am in the third row next to Sabine Wilms. In the third row also find Mayanagi Makoto, Yi-Li Wu, Lee Jender and Roberta Bivins. Semi obscured are Ronit Yoeli-Tlalim, Penny Barrett, Wang Jinyu, Volker Scheid, Chen Ming, Shin Dongwon, Huang Longxiang, Judy Farquhar, Roel Sterckx, David Dear and John Moffet. (source from: the author).

cautioned me not to let it fall into the hands of *Liu Mang* (流氓)...hooligans and gangsters, of one kind or another. *I trust you are not gangsters*. But the point is that early Chinese medicine is replete with what nowadays would be called magic and superstition in China, but throughout this presentation I want to make common cause with magic and ritual.

Professor Ma specialized in understanding the ways in which medical knowledge was constructed in the early empires by analyzing the ever-increasing quantities of early and medieval manuscript sources re-discovered often through digging up the countryside as China develops so rapidly....through archeological projects in 20th to 21st century China. Despite the importance of his work it has never achieved the recognition outside of the history of Chinese medicine it should in China on account of the hierarchies of institutions in China where traditional Chinese medicine (TCM) schools do not have the same cachet as the archeological centers of the most prestigious of the universities in China. But given the significant quantity of medical knowledge recorded in those manuscripts, the expertise of the TCM Academies can no longer be ignored.

I'm glad to see the increasing recognition of the historians there such as Liu Changhua and the next generation, particularly Gu Man, who is working with the

excavated manuscripts from the Laoguanshan and most recently the Hujia caochang tomb sites from two thousand years ago. Together we are putting together a special issue on the Laoguanshan manuscripts reassessing the origins and development of acupuncture, but with new evidence that might allow us to identify the different regions and communities that contributed to the formation of classical medicine from Shandong to Sichuan along the river networks.

I first assumed that the point in the orgasm record transcribed by Professor Ma was an acupuncture point. It was the instinctive teleology of someone trained first in acupuncture – a problem of assumed familiarity.

It was necessary to shed both pre-conceived notions of medicine and the training I had received in Chinese medicine. They were not helpful to understanding the ancient texts. *But the ability to think from the margins of society was certainly instructive*.

And here I would like to acknowledge the community of practitioners of Chinese medicine I worked with for thirty years or so in Waterloo. In the early years of the 1980s that counter-culture community was largely made up of women and gay men, poignantly, during those early years of HIV-AIDs. These were people who shaped my interest in the politics of well-being, self-care and strategies of thinking from the margins.

I learnt key transferable skills from that community, especially when arriving at the Wellcome Trust and UCL as a token historian of China and Chinese medicine. How does one manage when the dominant cultures of both my major interests (history and medicine) were white European, and almost unapologetically Western, whatever that means. Things are changing, but very slowly....

One of the major communities that has supported and sustained me over the years was IASTAM (International Association of Traditional Asian Medicine), sponsored at the time by Wellcome Library. Thanks to the support of Dominik Wujastyk and Waltraud Ernst, I was elected Secretary General for a while and inaugurated the Association's Journal, *Asian Medicine* (Fig. 5). Brill made us the offer that if I could sell 120 subscriptions they would agree to producing the journal. Well, there's only one person that could sell a journal when there was no journal to sell, Emma Ford Whittaker. Thanks to Emma *Asian Medicine* is now in its 18th year and under the competent leadership of Pierce Salguero.

The remit of that Association was to “explore and publish the historical, anthropological, sociological and philological dimensions of Asian medicine as well as practice reports from clinicians of TM based in Asia and in Western countries, translations of relevant texts, and other types of articles.” That was a big effort of translation to keep up with that commitment and it delayed my monographs almost terminally. IASTAM's periodic conferences have been a glorious celebration of interdisciplinarity and hybridity, often cacophonous, but always

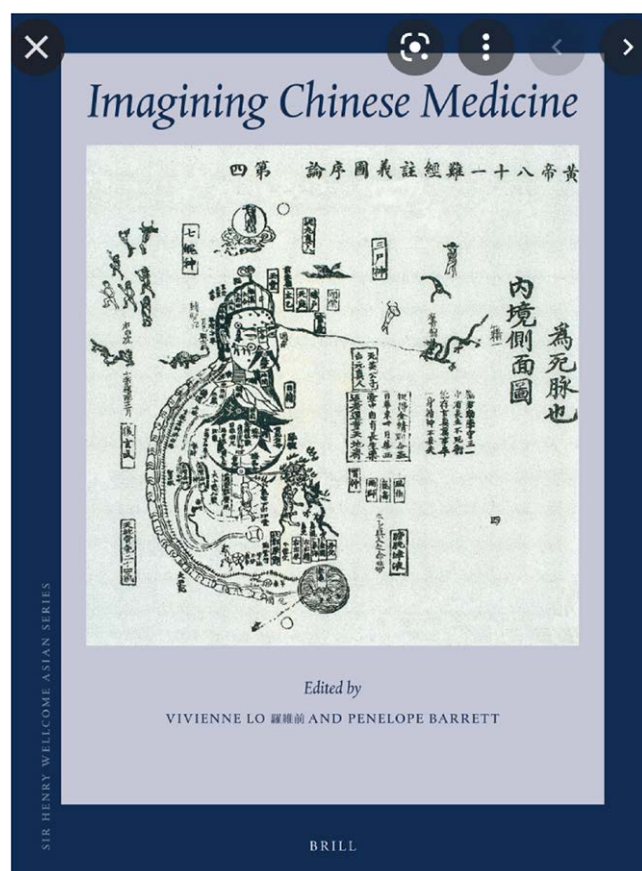


Figure 4 Front cover of *Imagining Chinese Medicine* edited by Vivienne Lo and Penelope Barrett, Sir Henry Wellcome Asian Series, Vol 18 (March 2018) (source from: <https://brill.com/display/title/12575?language=en>).

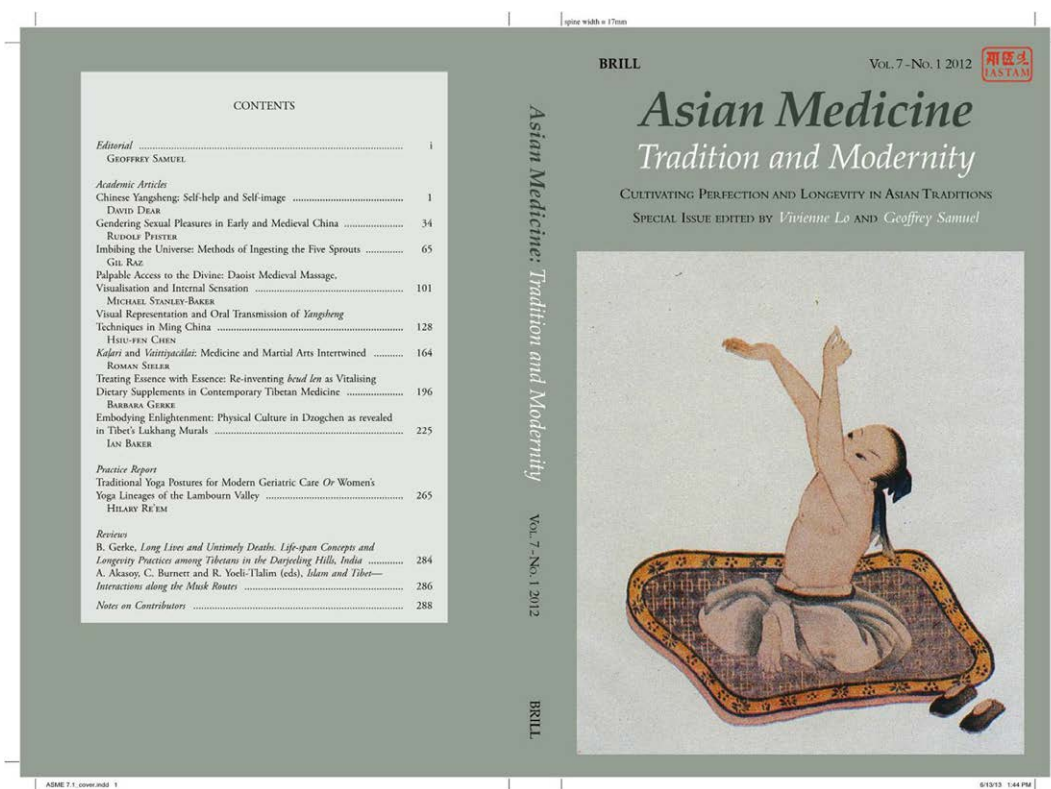


Figure 5 Front cover of the *Journal of Asian Medicine*, Vol. 1-7, 2012 (source from: the author).

engaging. As with all the best families and communities there are many points of conflict between practitioners of traditional medicine: political, ethnic, religious and nationalist. But to have had a dedicated space to explore them over the years has been a luxury. My first slide showed myself and Volker Scheid and a host of friends and colleagues at the 9th meeting of ICTAM in Thimphu Bhutan and the first international conference ever held there and organized by my first PhD student Theresia Hofer, and my secretarial assistant soon to be academic in her own right, Thea Vidnes (Fig. 6).

3 Point 2: food and drugs: cultural memory

Eventually, although centuries after some anonymous scholar recorded the signs of a female orgasm, the ability to control one's inner sensory environment through self-cultivation was matched in cooking and foodways – with a fully classified *materia dietetica*. Foods and medicines, foods as medicine became a dietary science articulated in the same terms of Qi, Yin and Yang that also claimed to adjust the internal environment of the body.

Let's take just one of the examples of foodstuffs also from the Mawangdui tomb to see how medicinal foods were developing over the course of the Han dynasty 2000 years ago. In collaborative research with a former PhD student Lu Di, we analyzed the aromatics that were commonly placed in bags and pillows. They were thought to have medicinal effect as protection against

demonic causes of disease. Many of the pillows and spice bags from early imperial China were filled with forms of pepper from W-SW China.

Here is the entry for two types of pepper, *Qin Jiao* (秦椒 pepper from Qin) and *Shu Jiao* (蜀椒 pepper from Shu), as they appear in the earliest extant systematic *materia medica* to detail the action of herbs, drugs and foodstuffs, the *Shen Nong Ben Cao Jing* (《神农本草经》 *Classical Pharmacopoeia of the Heavenly Husbandman*) which dates to around second century CE: *Qin Jiao* and *Shu Jiao* (probably *Zanthoxylum armatum* or *Zanthoxylum bungeanum*) are similar peppercorns recorded as growing in these two areas: Qin (秦, roughly modern Shaanxi 陕西 and eastern Gansu 甘肃) and Shu (蜀, roughly modern Sichuan 四川), both of which are widely used in contemporary China.

“*Qin Jiao* is pungent, warming and strongly efficacious. It treats deviant wind and *qi*, warms the centre, gets rid of cold obstructions, strengthens teeth, promotes hair growth and brightens the eyes. After long-term use, it lightens the body and gives a good complexion; [one] bears up to old age, prolongs life and connects with the spirits. It grows in mountains and valleys.”

“*Shu Jiao* is pungent, warming and strongly efficacious. It treats deviant *qi*, cough and counter flow, warms the centre, it goes to the bone, joints and skin, and necrotic muscle, cold damp and pain from obstruction, and helps people's Qi descend (refers to breaking wind). After long-term use, the hair will not whiten; it lightens the body, and life will be prolonged. It grows in mountains and valleys.”



Figure 6 The 9th meeting of ICTAM in Thimphu Bhutan, September 7–11, 2019 (source from: the author).

Shen Nong Ben Cao Jing is the *locus classicus* for the early Chinese nutritional system. In these entries we can see how the spices were not only curative but would cultivate the body. They were attributed the “pungent” flavor, which would be warming, would enhance one’s state of being by making one youthful: lightening the body, brightening the eyes and giving a good complexion.

In this medical context, the Five Flavors (sweet, sour, salty, pungent, and bitter) could stimulate certain movements of qi, the essential “stuff of life.” The qi of flavors, animated and invigorated the body inducing movements throughout the body. The Five Flavors could affect the organ and channel system and treat specific symptoms of illness. In this way, the right foods would make a person astute, healthy, and effective.

Sweet, for example, was thought slightly yang in nature and promoted an upward and outward movement. It entered the stomach and spleen channels making you feel more stable and earthed. Mildly sweet foods, such as grains, nuts, fruits, and many vegetables, should form the main bulk of any diet. Stronger sweet flavors have a very warming and nourishing effect but should be avoided by people with signs of damp.

Salt moistened the body, while sour gathered and contracted, cleansing the body and moving the blood. Salt entered the kidneys and sour, the liver. Bitter was the most yin of flavors. It caused contraction and made qi descend and move inward reducing fever and calming agitation. It was also drying and therefore good for dampness. Bitter entered the heart clearing heat and calming the spirit.

In practice, these flavors had to be balanced and this was achieved in different ways, but most fundamentally sweet foods related to the agency of Earth were used to achieve that balance and this is attested in many dietary works.

Here are a series of recipe from a collection presented to the Mongolian Yuan court in the 14th century, translated by Paul Buell, which assigns Chinese medical nutritional ideas to foods and culinary ideas which were traveling down the so-called Silk Roads into China,

“Mallow Leaf Broth 49

It [Mallow Leaf] accords qi. It treats retained urine that does not pass. *Its nature is cold and one cannot eat a lot.* In the present case we have cooked the mallow leaf with various things [34B] intended to make its nature slightly warming.”

“Mutton (leg; bone and cut up), tsaoko cardamoms (five), lesser galangal (two qian).

Boil ingredients together into a soup. [Use as stuffing] one set each of cooked sheep’s stomach and lungs (cut up), half a jin of *m g [mushrooms] (cut up). Combine five qian of black pepper and one jin of white flour to make “chicken-claw vermicelli.” Add to soup. Fry mallow leaf [and add]. Adjust flavors with onions, salt, and vinegar.”

“Roast Wolf Soup

[36B] Ancient bencao do not include entries on wolf meat. *At present we state that its nature is heating.* It treats asthenia. I have never heard that it is poisonous for those eating it. In the case of the present recipe we use spices to help its flavor. It warms the five internal organs, and warms the center.”

“Rhinoseros Meat is sweetish in flavor, warming, and lacks poison. It is good for the poisons of the various

animals, snakes, and noxious creatures. It wards off changqi. If you eat it and enter the mountains you do not lose your way.

Rhinoceros Horn is bitter-salty in flavor, slightly cooling, and lacks poison. It is good for the hundred poisons, gu possession, evil spirits, and changqi. It destroys hook, lip, venom, feather, and serpent poisons. It heals exogenous febrile diseases and pestilence.

There are various kinds of rhinoceroses.”

“Honeyed Stuffed Crabs (Recipe #4)

Cook in salted water. When the color begins to change (to red), take out. Break up the crab and extract the meat from claws and legs. Cut this into small pieces and stuff into the shell. Combine egg with a small amount of honey and mix with meat in shell. Spread some fat on the egg. Steam until the egg has just solidified. *Do not overcook*. For eating, it can be dipped into ground orange peel and vinegar.”

“Cooking Wonton

Chop the meat finely. Add riced bamboo shoots or wild-rice shoots, [Chinese] chives, or Basella rubra tips. Use flower pepper and a bit of apricot kernel paste. Wrap. The skins should start out thick and small when cut out. Then flour them and roll them out. (When stuffed) put into fully boiling water. Stir; do not cover. When they float up, take them out, stirring no longer. Do not use Chinese cardamom in the filling, except to warm the qi.”

Chinese dietary lore is not so much a fixed set of beliefs but a mobile set of shared social practices within which ordinary people can claim a certain expertise, and simultaneously consolidate individual and community identities..... it allows people to take control of their health without recourse to any higher authority.

The value of this was made very clear to me while working with the social anthropologist Wang Xingyuan, who had researched a Shanghai community of elderly people whose prodigious use of the internet to exchange recipes was based on a shared knowledge of traditional food prescriptions.

There is a great deal of inter-generational conflict over the value of traditions in China especially the myriad dietary prohibitions. But are these medico-culinary recommendations the stuff of old wives tales, the vestiges of a vanishing and irrational past? To the modern eye, the Chinese dietary and medical traditions might seem over-burdened with a history of ritual, religion, sexual lore, and magic. To me there are many truths to be found within that history. Even if you doubt the scientific validity of traditional nutritional ideas, elderly in Shanghai still find companionship, expertise and self-determination in sharing their recipes on social media. Those who seek precedents for modern science in early Chinese empirical knowledge also have found reason to believe that the traditional Chinese diet included remedies for beri beri, goiter, night blindness, and rickets, linking symptoms, and remedy.

4 Point 3: communities of practice

Obviously, my father's profession of writing cookery books (40 of them), inspired me to write a couple of my own with my sister Jenny, and to think academically about the history of nutrition. Going through his things after he died, I found his own unfinished history of Chinese food, in drafts that he was clearly unhappy with, and never finished. I guess I have inherited his ambition. Apart from Uncle Charles the only link I had to Chinese culture as a child was eating in restaurants with Southern Chinese restaurant owners and chefs. For my father's generation, the Chinese restaurants were a link to home, and home was Fuzhou, Shanghai and Beijing, and only then London in that order.

The most fun I had with looking at migration and food was with a small Wellcome grant for public engagement organized by David Dear. From Spring 2005 the Routes and Remedies team came together to record the healing arts of Asia as they survive in the ordinary things people do, every day, to keep body and soul together. We were a small London-based project that began and ended with the people we worked with over a couple of years.

For 400 years, Asian migrants have increasingly contributed to the health, wealth and vitality of life in London. In Europe and North America, the reach of a modern standardized medicine into our day-to-day lives has helped to cut off the transmission of traditional remedies and recipes. In contrast, migrant communities often hold on to everyday habits from their earlier homes. Building a vast network of trade routes and ties of kith and kin that criss-cross the world they bring with them knowledge and practices from overseas that enrich the community.

Whatever the reasons for moving, individual experiences of travel, migration and separation can be full of difficulties and hardship. Not the least of the challenges is sickness and ill health. Our team of Asian historians, artists, cooks, and practitioners discovered the huge potential that lies in understanding the regimens and daily rituals people use to meet these challenges and to keep well. We collected remedies for ill health, nourishing food and home solutions for all the life stages, and treatments and therapy for pain and sickness. Individual or community stories were captured on video, in sound recording, or developed through art installations. Art workshops were run by the amazing Chila Burman, last recipient of the Tate Commission, who many of you will know lit up the darkness of our COVID world with a neon extravaganza of Tigers, Ganeshas' and Ice Cream. We were privileged to have her work with us in primary and secondary schools, which provided a natural venue for bringing parents and children together in the discussion and preparation of Asian food and remedies.

Many of our respondents had not been asked about their personal health care regimes before. The settings that we worked in and the questions we asked aim to

provide positive experiences and allowed them freedom to talk easily about their experiences. For second generation Asians, and those of mixed parentage, the imagination and practice of tradition plays an enormous role in establishing who we are, whether taken as a positive or a negative model. *Routes and Remedies* was more than a repository of cultural memory, it provided a dynamic and interactive stage where new UK Asian identities could evolve through conscious and creative engagement with food and foodways. The exhibition was at Asia House and voted the best thing going on in London, on the Mayor's website at the time. Here's the brochure designed by Akio Morishima (Fig. 7).

Sadly, I did not find the funding or the time to continue that work seriously, but saw it flourish from the sidelines of the steering committee in the work of Ming' Ai with the amazing projects of Li Chungwen and Jonathan Liu and Rosa Kurowska-Kyffin. They have been recording the lives of Chinese migrants involved in some of the key professions such as the military, restaurant work and Chinese medical shops. In 2015, we had a great exhibition and conference in the corridors of UCL which celebrated the history of Chinese migration through the eyes of Chinese migrants themselves. They,

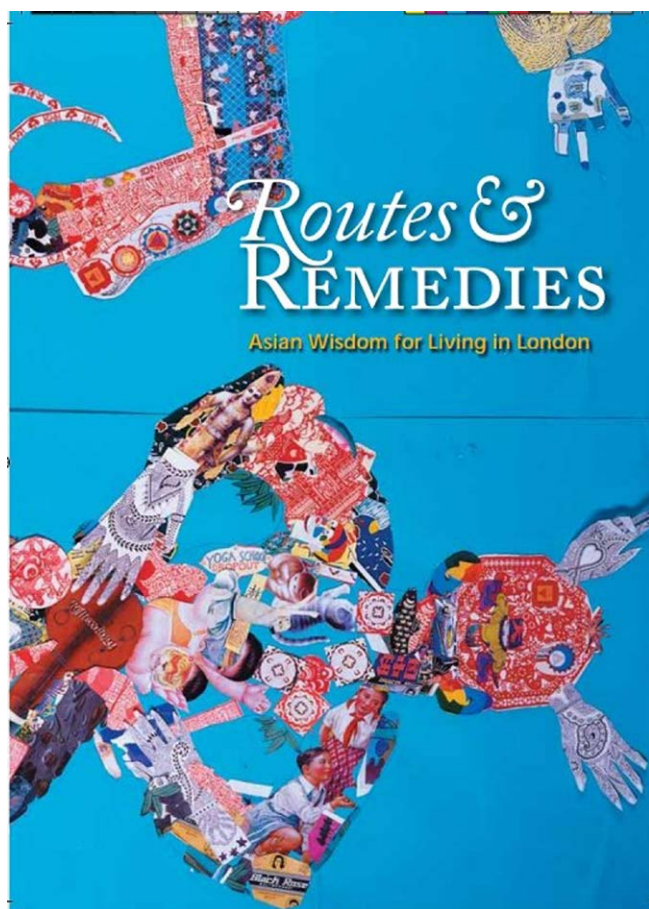


Figure 7 Front cover of the brochure *Routes and Remedies: Asian Wisdom for living in London* (source from: Collages Chila Burman).

as a community, also taught me of the value of engaging with and acknowledging the impact of my own family history, which I hope is evident in this presentation.

5 Point 4: intersectionality: negotiating complex ethnicities

At some point in the early 2000s Ronit Yoeli-Tlalim appeared in my life, with Charles Burnett of the Warburg Institute. They brought with them research interests that connected up with my own, thematically and geographically. They were exploring astromedical practices from Islam to Tibet, where there was mutual admiration for those mathematical astronomy, and calendrical calculations as they related to medicine. And also the themes of traveling medicine.

I have written and edited articles with Ronit on the so-called Silk Roads, on the intersection between Tibetan and Chinese calendars that have shaped the body as a tapestry of mobile spirits traveling around the body.

Charles and Ronit also brought into my life the figure of Rashid-al-Din (d. 1318), first editor of a multicultural history of the world written under the Mongolian rule; a late medieval Jewish physician, convert to Islam, and sponsor of the first book length translation and interpretation of Chinese medicine, into ancient Persian. Among his works we have the earliest extant copies of Chinese medical images. Of the *Tai Ji* diagram, and other illustrations of the inner body that may or may not have influenced the development of anatomy in Europe. Certainly, through the court of Rashid-al-Din, news of Chinese anatomy must have reached the Byzantium world. Given there was very little European anatomical imagery before that time one has to wonder about the possibility that it was that connection that stimulated a new anatomical art in Renaissance Italy.

Rashid-al-Din was not necessarily inclusive in the way in which we imagine inclusivity nowadays.... But maybe that's a failure of our imagination. I marvel at his creativity and innovative sponsorship of "other" people and their histories and medicines, an openness which seemed to come from his own marginal position in the new order of the Mongolian, Islamic world in which he found himself operating.

Fourteen-century Persians seemed to love the astro-medicine that they found in Chinese medical treatises, the innovative use of the pulse and many things Chinese that appealed to their preexisting interests.

But Chinese medicine becomes something else, something other and exotic, when it is identified from afar and practiced at some remove from its roots... What kind of authenticity is there here? Was Rashid-al-Din's *Tansuqnamah* an authentic Chinese medicine? If you ask me in ten years what I have been doing, I hope that it will

be research into the linguistic feats of translation that Rashid-al-Din performed as he adapted and adopted Chinese medicine, as he taught young Persian doctors to chant like my uncle Charles.

Personally, I have never really felt authentically anything in particular, *or the need to be*. So, I was impressed by Rashid-al-Din's negotiation of complex ethnicities in his translation work, and in his life. I have called this section intersectionality, not because I make any claim to being a member of identifiably oppressed or under class – some of my 19–20th century ancestors were incredibly wealthy and influential Chinese, and others on my mother's side were members of the revenue for the Raj. But revolution and decolonization saw the end of that level of family privilege. Then again, as a woman from a cross-cultural, cross-religious, cross-class, of very mixed blood I have always been in an ambivalent position. The concept of intersectionality speaks to me because of the way that people who have no obvious home can make common cause with others who are displaced. The intersectionality of certain expressions of ethnicity, class and gender perpetuates oppression, but also has potential for those suffering from, for example, racism, sexism, and homophobia to work together so that the next generations do not have to face the challenges that we did.

Intersectionality refers most normally to the overlaying of systems of oppression for marginalized groups. As I have said, I do not claim to be particularly oppressed. Unwittingly, I have always signed up to Foucault's ideas about the collaborative creation of new relationships in marginal spaces. I would say that I have empowered myself through being marginal and finding common causes with other marginal groups. There is no doubt that the ever-present issues of race, religion, class, sexual orientation, different abilities and gender identity have determined the nature of my research and the people that I gravitate toward in my life.

Finally, I want to talk about qi and the martial arts, because that has been my passion in personal and academic practice. I grew up with a smart and sassy girl called Anna Bossman. She and I were about ten years old and living in the mostly white, middle-class suburbs in Surrey. I yearned for north London where I had been born and the family had been happy. For sure we were both displaced, but we were also fighting fit. My mother used to foster Anna's Ghanaian family and I shared my bed and my school with her for some years. I have not seen Anna for a decade. At that time, she remembered how formative those days were when we were fighting gangs of little white boys every day on the streets of middle-class Surrey. Racism defined our lives and

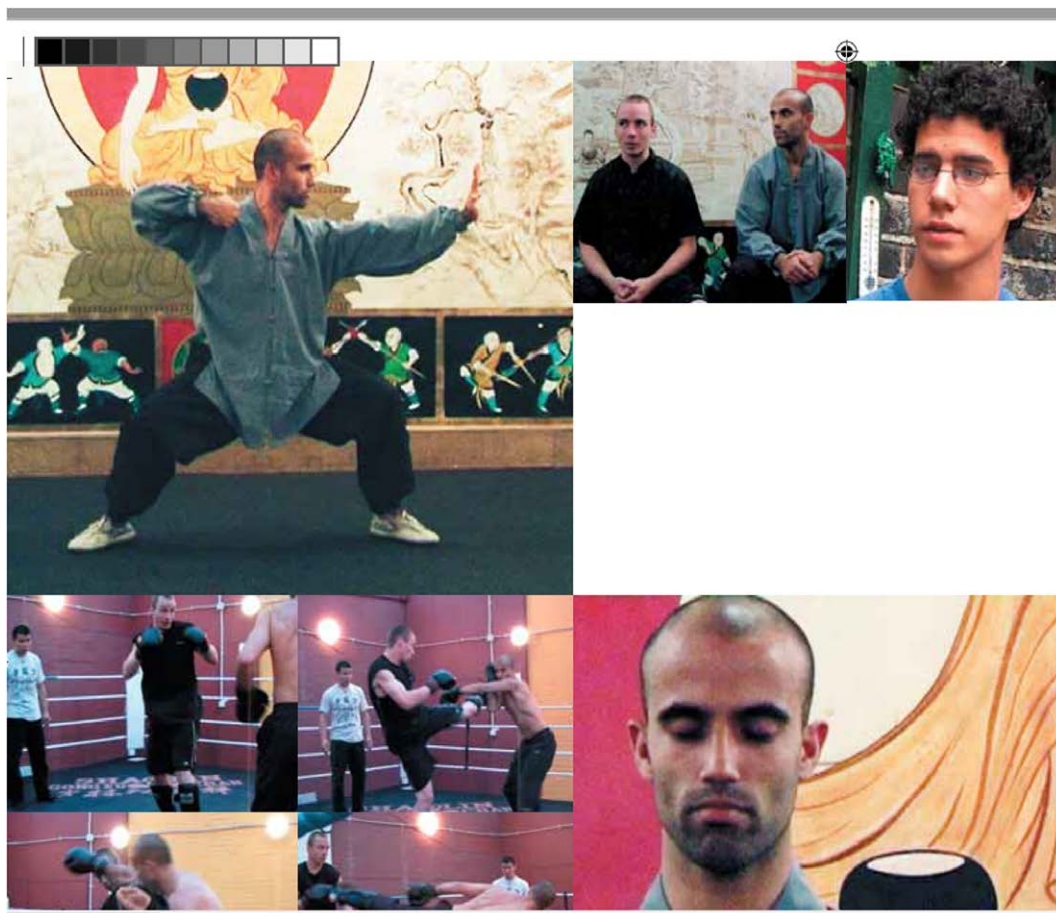


Figure 8 Photos of Kentish Town Shaolin Kungfu Temple (source from: David Dear).



Figure 9 Chila Burman doing a flying kick (source from: permission of Chila Burman).

my family's life in those years, and it still does for me. When we last met a decade ago she had become the High Commissioner of Human Rights in Ghana, and a champion of rooting out corruption in the oil business. I have no idea how successfully. From that point in our childhoods onward, I started on a lifetime's practice of the martial arts: Mushindo, Shotokan, GojuRyu Jujitsu, *Tai Ji*, and more *Tai Ji*: Yang, Qingchengshan, and Wu styles....

I evoke Anna and our shared memories because of how street-fighting shaped our futures. Outside the inevitable violence that they can be put to, the martial arts have been a really cohesive cross-cultural force, mostly working against serious violence, and aimed towards empowerment. Here's a young friend at Routes and Remedies telling us that learning Shaolin Kungfu helped him walk tall and remain safe walking in dangerous environments (Fig. 8). And here Chila Burman's studies of herself doing a flying kick (Fig. 9). Lately, I was really excited to see the latest issue of *Asian Medicine* dedicated to African American Contributions to American Acupuncture, featuring interviews with the president of the Black Acupuncture Society, and Yi-Li Wu, the editor's, focus on the intersections between Asian medicines, racial healthcare inequities, and social justice movements. She advocates using Chinese medicine and acupuncture to address the racial health disparities afflicting African



Figure 10 A joint response from academics, politicians, professionals and organizations representing the East and South East Asian (ESEA) communities in the UK (source from: the authors).

Americans. I should love to see a history of black communities in the martial arts, from Bruce Lee and Ip Man films to the kids that find empowerment in the martial arts to walk our streets in safety.

Foucault was talking about the ways people involved in the same-sex relationships lack established behavioral models when he imagined that people could step outside the systems of power relations he saw all around him – I hold to that hope more broadly: everywhere people find themselves in non-normative social positions and have to make up the dynamics of how they interact, that has *the potential* to become some kind of free and creative space for personal and intellectual innovation.

One of the joys of becoming a professor was that people seek you out to join in cool projects. So, when a collective of East Asians largely coordinated by Daniel Fujiwara from LSE and UCL's Lu Gram got in touch, I was very glad to be part of the *Response to the Call for Evidence on Ethnic Disparities and Inequality in the UK*. I cannot say I did much at all, but being part of a young collective who were raising the profile of the disparities, inequalities and racism experienced by the East Asian and South East Asian population in the UK was a great honor (Fig. 10). I learned here also about the damage done by the Model Minority thesis, as if East Asians in the UK do not suffer from discrimination, and are not represented across the whole spectrum of class and wealth. How we are better together.

6 Remaining relevant for the history of Chinese medicine research

To bring my academic points together. There are many reasons that Chinese Medicine remains the most pervasive traditional medicine in the world – and it surely does in terms of its spread, numbers,

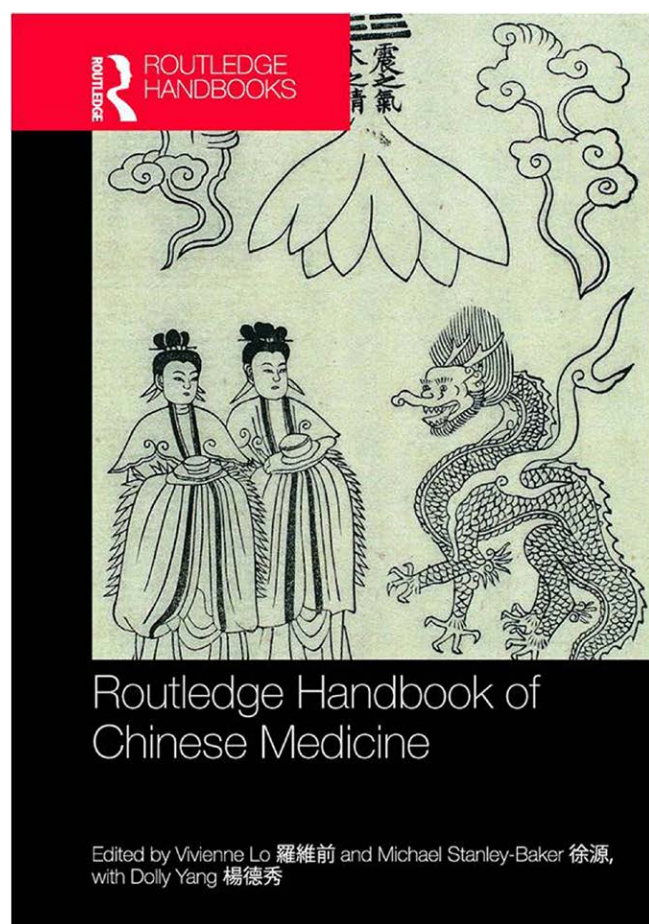


Figure 11 Front cover of *Routledge Handbook of Chinese Medicine*, edited by Vivienne Lo, Michael Stanley-Baker and Dolly Yang (June 2022, Routledge) (source from: <https://www.routledge.com/Routledge-Handbook-of-Chinese-Medicine/Lo-Stanley-Baker/p/book/9780415830645>).

and its economics. Many groups of migrants tend to embody a sense of homecoming within their practices (Roots and Remedies), so Chinese medicine has traveled globally following those migration patterns; the success of TCM also owes much to Mao Zedong and Zhou Enlai's sponsorship of the modernization of traditional medicine in the 1950s, the result of political campaigns to demonstrate China's cultural genius; but my point is that much of its success is also the result of its ancient history and origin in the self-cultivation techniques that I have spoken about. For its focus on the sensory worlds Chinese medicine embraced the patient-centered and well-being narrative rather than the disease. It therefore has a unique place in the Medical and Health Humanities where individuals experience of illness and health are at the core of the discipline. This should give the Chinese Medical Humanities pride of place.

Latterly, I have been devoted to the Chinese Medical Humanities at UCL (University College London), to

collaborative work with Professor Guo Liping (郭莉萍) and Dr. Daniel Vuillermin. Together we have created new pathways for understanding China, particularly through film and visual culture.

The particular flavor of our Health Humanities also owes a lot to responding to UCL's Grand Challenges, and to the priorities of Global Health and to the wonderful people all around the university who have contributed to our Core Course in our MA in Health Humanities. It was not easy coming to UCL with its particular politics of science, and to lay out Chinese medicine with its legacies of ritual and magic in front of Jeremy Bentham. Doesn't he know that all medicine is magic, most of all biomedicine. Discuss!

Whatever one thinks of the theories of Chinese medicine, those old ladies in Shanghai peddling recipes and prohibitions think about and celebrate their food, they eat five a day, and keep moving with a bit of foot massage, acupuncture and the martial arts. Our amazing MA students on the China Health and Humanity program are studying all kinds of subjects across the university from the role of tradition in promoting drug discovery, integrated public health, to Health Diplomacy; and building the cultural connectivity to do so. And so, the topics of this talk have, after all, as promised, begun in ancient China and taken us along the so-called Silk Roads through Central Asia and into the modern world. The latest community work to demonstrate this range of subjects is the *Routledge Handbook of Chinese Medicine*, edited by me and two of my former PhD students, Drs Michael Stanley-Baker and Dolly Yang. Thanks to the Wellcome Trust this is available online (Fig. 11).

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Author contributions

Vivienne Lo produced the initial draft and reviewed the article.

Conflicts of interest

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