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QIGONG THERAPY IN 1950S CHINA

✍ Utiraruto Otehode
and Benjamin Penny

'Qigong therapy' (*qigong liaofa* 氣功療法), a generic term coined in the 1950s for the two most important practices of that time — Neiyanggong 內養功 and Qiangzhuanggong 強壯功 — refers to the use of the body, breath and mind to treat illnesses, especially neurasthenia, stomach ulcers and tuberculosis.¹ Neiyanggong and Qiangzhuanggong were subjected to clinical experimentation in the early 1950s and, subsequently, *qigong* therapy was approved by the Chinese Ministry of Health as an accredited medical treatment. In due course, a number of medical institutions called '*qigong* therapy sanitoriums' (*qigong liaoyangsuo* 氣功療養所) were established with the support of central and local governments.² *Qigong* therapy later absorbed a range of other practices from Chinese medicine, martial arts, Buddhism, and Daoism, but all of these, including Neiyanggong, were modified and extended when they were integrated into this newly created form of therapy. Terms and concepts considered 'feudal', 'superstitious', or 'religious' were all abandoned, with 'scientific' medical theory taking their place. These reworked traditional practices were incorporated into broader national narratives of that time, using slogans such as 'Develop the Motherland's medical heritage' (*Fayang zuguo yixue yichan* 發揚祖國醫學遺產) and 'Allow the development and promotion of *qigong* to serve the construction of socialism' (*Rang qigong fayang guangda, wei shehuizhuyi jianshe fuwu* 讓氣功發揚光大, 為社會主義建設服務).

Thus, despite being based on longstanding therapeutic practices, the creation of *qigong* therapy actually represented a break from tradition, becoming part of the 'new medicine' of the 1950s. Liu Guizhen 劉貴珍 (1902–83), a pioneer of *qigong* therapy, and Chen Yingning 陳櫻寧 (1880–1969), a well-known Daoist scholar, both asserted its novelty.³ In 1959, Huang Jiasi 黃家駟 (1906–84), president of the Chinese Academy of Medical Sciences (*Zhongguo yixue kexueyuan* 中國醫學科學院), and Qian Xinzong 錢信忠 (1911–2009), deputy minister of

1 During the 1950s, Chinese characters had not yet been officially simplified in the People's Republic. Thus, in this article, full-form characters are used for names, terms, and publications from this period, but simplified characters are given where they are used in the original source from a later period. Utiraruto Otehode, 'The Creation and Reemergence of Qigong in China,' in eds Yoshiko Ashiwa and David L. Wank, *Making Religion, Making the State: The Politics of Religion in Modern China* (Stanford: Stanford University Press, 2009), pp.241–62, and Utiraruto Otehode, '1950 nendai Chūgoku ni okeru shakaishugi kensetsu to kikō ryōhō no keisei 1950' 年代中国における社会主義建設と氣功療法の生成, *Jisedai ajia ronshū* 次世代アジア論集, 2 (2009): 24–45 discuss some of the history related in this article in summarised form.

2 Zhao Baofeng 赵宝峰, *Zhongguo qigongxue gailun* 中国气功学概论 (Beijing: Renmin weisheng chubanshe, 1987); Wang Buxiong 王卜雄 and Zhou Shirong 周世荣, *Zhongguo qigong xueshu fazhanshi* 中国气功学术发展史 (Changsha: Hunan kexue jishu chubanshe, 1989); Li Zhiyong 李志庸, *Zhongguo qigong shi* 中国气功史 (Zhengzhou: Henan kexue jishu chubanshe, 1988).

3 Liu Guizhen 劉貴珍, *Qigong Liaofa Shijian* 氣功療法實踐 (Shijiazhuang: Hebei renmin chubanshe, 1957), p.2; Chen Yingning 陳櫻寧, *Shenjing shuairuo jinggong liaofa wenda* 神經衰弱靜功療法問答 (Beijing: Zhongguo daojiao xiehui, 1963), p.13.

- 4 Huang Jiasi 黃家驊, 'Xinzhongguo yixue kexue de huihuang chengjiu' 新中國醫學科學的輝煌成就, *Renmin ribao* 人民日報, 19 September 1959, p.9; Qian Xinzong 錢信忠, 'Xinzhongguo yixue kexue de weida chengjiu' 新中國醫學科學的偉大成就, *Shanxi yixue zazhi* 山西醫學雜誌 4 (1959):1-5.
- 5 See Ralph C. Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge: Harvard University Press, 1968); Kim Taylor, *Chinese Medicine in Early Communist China, 1945-63: A Medicine of Revolution* (London: RoutledgeCurzon, 2005).
- 6 For example, Chinese medicines were removed from the medical system, high-level medical education included no courses on Chinese medicine, and national medical associations did not allow doctors of Chinese medicine to participate in their activities. See Hua Zhongfu 華鍾甫 and Liang Junn 梁峻, *Zhongguo zhongyi yanjiuyuan yuanshi* 中國中醫研究院院史 (Beijing: Zhongyi guji chubanshe, 1995)
- 7 See Croizier, *Traditional Medicine in Modern China* and Taylor, *Chinese Medicine in Early Communist China*.
- 8 Mao Zedong directed the Health Department to develop Chinese medicine rather than condemn it, including establishing a national research centre for Chinese medicine and ordering doctors of Western medicine to study Chinese medicine. See Hua and Liang, *Zhongguo zhongyi yanjiuyuan yuanshi*, pp.3-4.
- 9 Lu Zhijun 魯之俊, 'Renzhen xuexi he yanjiu zuguo de yixue' 認真學習和研究祖國的醫學, *Xin zhongyiyao* 新中醫藥 9 (1955), pp. 1-3.

health, both regarded the creation of *qigong* therapy as one of the greatest achievements of Chinese medical science in the People's Republic of China.⁴ Thus, *qigong* therapy was not only a medical treatment, but also a symbol of new China's medicine and culture.

The Emergence of Qigong Therapy

At the first National Conference on Public Health (*Diyijie quanguo weisheng huiyi* 第一屆全國衛生會議) in 1950, the new government proposed that the principles of 'uniting' (*tuanjie* 團結) and 'reforming' (*gaizao* 改造) should guide the future development of the relationship between Western and Chinese medicines.⁵ In reality, however, doctors practicing Western medicine remained dominant in national health institutions and there were many cases of doctors of Chinese medicine being unfairly treated in the early 1950s.⁶ After 1953, however, conditions for doctors of Western medicine became harsher as China aimed to establish itself as a socialist country with the imperative to 'Learn from the Soviet Union' (*xuexi Sulian* 學習蘇聯). During these years, these doctors were labelled followers of 'imperialism', 'capitalism', and 'idealism', and became subject to ideological re-education.⁷

With the erosion of the dominance of Western medicine, the environment for Chinese medicine improved. In 1954, Mao Zedong and other national leaders praised the contribution of traditional medicine to public health, and ordered the development of the 'Motherland's medical heritage' (*Zuguo yixue yichan* 祖國醫學遺產) aiming to integrate traditional medicine, secret medical remedies (*mifang* 秘方) and popular body cultivation practices.⁸ This was translated into campaigns that used slogans such as 'Study and develop the Motherland's medical heritage' (*jicheng yu fazhan zuguo yixue yichan* 繼承與發展祖國醫學遺產) and 'Western medicine should learn from Chinese medicine' (*xiyi xuexi zhongyi* 西醫學習中醫) organised by local health administrations and medical institutions. This led, among other things, to greater status and pay for doctors of Chinese medicine and their increased employment in hospitals, the expanded use and development of herbal medicines, the documentation of traditional remedies, and the establishment of many research institutes in related fields.

With the Motherland's medical heritage gaining such high status, various body cultivation practices dispersed among the people were formalised and reinterpreted as medical treatments. Favourable re-evaluations of traditional medicine were widespread: Lu Zhijun 魯之俊 (1911-99), chief of the Chinese Academy of Traditional Chinese Medicine (*Zhongguo zhongyi kexueyuan* 中國中醫科學院), for example, described its contribution to medical science in this way: 'Our country was the first to make many discoveries in medicine ... our country was also the first to synthesise drugs (that is, "refine the elixir" *liandan* 煉丹).'⁹

In addition, popular body cultivation techniques — secular practices as well as those from Daoism and Buddhism — were integrated into this new national medicine. The person responsible for their adoption was Liu Guizhen.

Liu, a local government official in Nangong 南宮 county in Hebei province, played an important role in introducing body cultivation practices popular among the common people to state organisations. In 1948, by his account, he was diagnosed with gastric ulcers, pulmonary tuberculosis, and neurasthenia, but despite receiving various treatments he did not recover. When he

went back to his rural home hoping to recuperate, he happened to hear of a body cultivation practice called Neiyanggong from an old peasant. After only three months of practice, he claimed he was completely cured. The following year, he was assigned to the local cadre sanatorium as secretary and began teaching Neiyanggong to the patients. Their rapid recoveries confirmed its high therapeutic effectiveness and attracted the attention of other officials and the local health administration.¹⁰

With the shift in medical policy in 1953, Liu's practice of Neiyanggong attracted the attention of the Hebei Province Department of Health (*Hebeisheng weishengting* 河北省衛生廳) and became part of the Motherland's medical heritage. With the support of the department and the Tangshan city government, Liu rented space in a city-run worker's sanatorium and, in 1954, founded the Tangshan Qigong Sanatorium (*Tangshanshi qigong liaoyangsuo* 唐山市氣功療場所), the first *qigong* organisation in China. This sanatorium was not only a clinic for providing *qigong* therapy, but also a key site for communicating knowledge about *qigong*. Its activities expanded as patients started coming from Beijing, Tianjin, and other big cities, and the range of illnesses treated by *qigong* therapy increased. Twice a year, Liu was dispatched to Beijing by the city health administration to give a report on the sanatorium to the Ministry of Health, in order to highlight its contribution to the development of the Motherland's medical heritage.¹¹

The Tangshan City Health Bureau (*Tangshanshi weisheng ju* 唐山市衛生局) invited doctors of Western medicine to study *qigong* therapy at the sanatorium in September 1954 under the new policy of 'Western medicine should learn from Chinese medicine', and in May 1955 it ran an additional three-month training course for doctors from this tradition. These doctors introduced *qigong* therapy into their own clinics and soon medical establishments across China were using *qigong*, including the prestigious Haibin Central Government Sanatorium (*Haibin zhonggong zhongyang zhishu xiuyangsuo* 海濱中共中央直屬休養所), and Beijing's 124 Sanatorium (*Beijing yaoersi liaoyangyuan* 北京一二四療養院). Thus, the Tangshan Qigong Sanatorium and its activities became nationally renowned.

The reputation of *qigong* therapy grew through the early 1950s, largely due to the efforts of Liu and the Tangshan City Health Bureau. Thus, when Lu Zhijun discussed it in his article *Ruhe xuexi he yanjiu zuguo yixue* 如何學習和研究祖國醫學 in July 1955, the Tangshan sanatorium received high praise:

In the last six months, since the Party Central Committee and the People's Government called for the implementation of the correct policy on handling Chinese medicine, the whole country has witnessed a vast upsurge in its study ... Recently, the Small Group from the Tangshan Qigong Sanatorium came to the capital to report on their experiments using *qigong* therapy on more than 70 patients with diseases that were hard to treat, and which were typically chronic ... Preliminary results are all very good.¹²

Lu Zhijun wrote another article in September 1955, entitled *Renzhen xuexi he yanjiu zuguode yixue* 認真學習和研究祖國的醫學, in which he mentioned the Tangshan Small Group on Qigong Therapy (*Tangshan qigong liaofa xiaozu* 唐山氣功療法小組) as a model for the study of Chinese medicine in China.

The question of how we should study and research Chinese medicine is new... The Chongqing Small Group on Anal Fistula, the Tangshan Small Group on Qigong, and the Shijiazhuang Small Group on Encephalitis Treatment have

10 Liu Guizhen, *Qigong Liaofa Shijian*.

11 Chen Zhonglu 陈忠禄, 'Guanyu Tangshan qigong liaoyangsuo de pianduan huiyi' 关于唐山气功疗养所的片断回忆, *Zhongguo qigong kexue* 中国气功科学2 (1996): 30-31.

12 Lu Zhijun, 'Ruhe xuexi he yanjiu zuguo yixue' 如何學習和研究祖國醫學, *Xin zhongyiyao* 新中醫藥 7 (1955): 1-2.

13 Lu Zhijun, 'Renzhen xuexi he yanjiu zuguo de yixue', p.2.

14 Hua and Liang, *Zhongguo zhongyi yanjiu-yuan yuanshi*.

established the model for us in this respect. We should learn from them so that Chinese medicine and Western medicine can achieve genuine cooperation in government and in the medical profession.¹³

In December 1955, the Tangshan Small Group received an award at the founding ceremony for the Research Institute for Chinese Medicine (*Zhongyi yanjiuyuan* 中醫研究院), the peak research institute on traditional medicine that worked directly under the Ministry of Health (Figure 1). The award cited the study group's activities as an important contribution to research on the 'Motherland's medical heritage'. The ceremony was large, attended by four hundred people, including high-level officials, intellectuals, medical technicians, and medical professionals from the Soviet Union and Vietnam as well as China.¹⁴

The text reads:

Certificate of Merit from the Ministry of Health, People's Republic of China

On examining the treatment experience of the Tangshan Small Group on Qigong Therapy, which have produced definite results in both ensuring the health of the people and developing the heritage of the medical culture of the Motherland, this department resolves first to grant a monetary bonus of 3000 yuan in recognition of the achievements you have obtained in carrying out your collective research, and also a special award of this certificate of merit to serve as an encouragement.

Director Li Dequan 李德全

19 December 1955



Figure 1

Award given to the Tangshan Small Group on Qigong Therapy.
Courtesy of Zhang Tiange 張天戈.

This state recognition not only furthered research on *qigong* but also the dissemination of knowledge about it. Papers on *qigong* therapy were regularly published in national and local journals of Chinese traditional medicine, such as *Xin zhongyiyao* 新中醫藥 and *Shanghai zhongyiyao* 上海中醫藥 from 1956. In addition, the National Ministry of Health and local health offices organised *qigong* seminars throughout the country. In this way, *qigong* therapy gradually became institutionalised.

The Names 'Qigong' and 'Qigong Therapy'

According to Ma Jiren writing in 1983, the term '*qigong*' was not a word in the standard Chinese vocabulary of the 1950s. It was, however, found in a chapter title of a book entitled *Yuanhe pian* 元和篇 from the end of the Qing dynasty, namely 'Qigong Buji' 氣功補輯. He notes that the word '*qigong*' was found largely in martial arts circles, where it was the equivalent of *lianqi* (練氣, literally 'to refine qi'), but also among followers of Daoism, where it was used for *yangqi* (養氣, literally 'to nourish qi'). Both these usages differed in meaning from how '*qigong*' became used in the 1950s. He also cites the title of a book from 1934 in which the term '*qigong liaofa*' is used, but attempts to locate that work in Chinese or foreign libraries today have proved unsuccessful.¹⁵

The term '*qigong*' acquired a completely different meaning when body cultivation practices became accepted as medical treatments in the 1950s. When the local health office in Hebei organised a medical team to study *Neiyanggong* — the practice that cured Liu Guizhen — early in that decade, its members confirmed the therapeutic effectiveness of the practice but provided different views on how it worked. Some doctors of Western medicine viewed it as a diet therapy because *Neiyanggong* required a healthy diet, while others considered it a form of psychological therapy. Doctors of Chinese medicine preferred to call it *naqi daoyin* (納氣導引, literally 'ingesting qi and leading it around the body'), because an important feature of *Neiyanggong* was its breathing techniques. However, Huang Yueting 黃月庭, the team leader, suggested '*qigong*' 氣功 as *qi* refers to oxygen (*yangqi* 氧氣) in Western medicine, and to 'primordial qi' (*yuanqi* 元氣) in Chinese medicine. Because it reflected both Western and Chinese medical perspectives, Huang's suggestion was endorsed by the director of the local medical bureau.¹⁶ Hence, the name '*qigong*' is a result of a conscious compromise between Western and Chinese medicine.

The Chinese characters used to write the word '*qigong*' were not standardised until 1954. For example, the official stamp of Tangshan Qigong Sanatorium used 氣工 instead of 氣功. In 1956, when this sanatorium sent medical workers to their colleagues in Beidaihe, they brought *qigong*-related books and other resources with them, including the book *Taiji zhengzong* 太極正宗 where their institutional stamp uses 氣工 (see figures 2 and 3).¹⁷

In 1955, Liu Guizhen published the first academic article on *qigong* therapy in *Zhongyi zazhi* 中醫雜誌 and in it he used the characters 氣功.¹⁸ Thus, the change from 氣工 to 氣功 probably occurred around 1954 or 1955, and, according to Zhang Tiange 張天戈 (1935–), was the decision of Duan Huixuan 段慧軒 (1887-1983), the head of the Hebei Department of Health.¹⁹

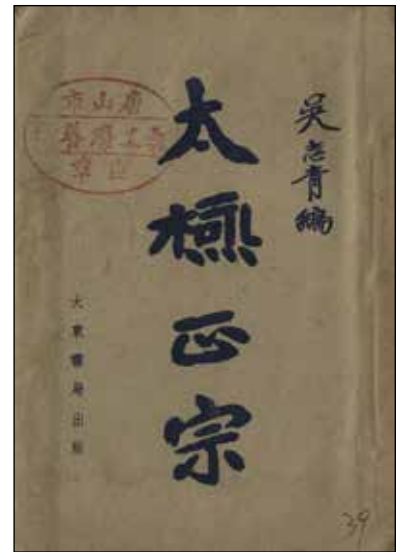


Figure 2

Cover of *Taiji zhengzong* 太極正宗, from the collection of the Tangshan Qigong Sanatorium. Photo courtesy of Zhang Tiange.

15 Ma Jiren 马济人, *Zhongguo qigongxue* 中国气功学 (Xian: Shanxisheng kexuejishu chubanshe, 1983), p.2.

16 Cao Dongyi 曹东义, *Zhongyi jinxiandai shihua* 中医近现代史话 (Beijing: Zhongguo zhongyiyao chubanshe, 2010).

17 Wu Zhiqing 吴志青 ed., *Taiji zhengzong* 太極正宗 (Shanghai: Dadong shuju, 1936).

18 Liu Guizhen 劉貴珍, 'Zai shiyan yanjiu zhongde zhongyi qigong liaofa' 在實驗研究中的中醫氣功療法, *Zhongyi zazhi* 中醫雜誌 10 (1955): 22–23.

19 Cao Dongyi agrees that the decision was made by Duan Huixuan, but he dates this to 1953. See Cao Dongyi 曹东义, *Zhongyi jinxiandai shihua* 中医近现代史话 (Beijing: Zhongguo zhongyiyao chubanshe, 2010).

- 20 Xu Rongqi 徐榮齊, 'Feijiehe huanzhe shiyong qianhuxifa de tihui' 肺結核患者使用淺呼吸法的體會, *Zhongyi zazhi* 中醫雜誌 10 (1955): 24-27; Zeng Yiyu 曾義宇, 'Xin Zhongguo yiliaotiyu zhi youyi xingshi — "Jingzuo liaofa"' 新中國醫療體育之又一形式: 靜坐療法, *Xin zhongyiyao* 新中醫藥 4 (1954): 2; 'Shenhuxifa zai yiliao yufang shangde zuoyong' 深呼吸法在醫療預防上的作用, *Jiangxi zhongyiyao* 江西中醫藥 4 (1955): 41-44.
- 21 Liu Guizhen, *Qigong Liaofa Shijian*.
- 22 Chen Tao 陳濤, *Qigong kexue changshi* 氣功科學常識 (Shanghai: Shanghai keji weisheng chubanshe, 1958).
- 23 Shanghai qigong liaoyangsu 上海氣功療養所, *Qigong liaofa jiangyi* 氣功療法講義 (Shanghai: Shanghai keji weisheng chubanshe, 1958).
- 24 Qin Chongsan 秦重三, *Qigong liaofa he baojian* 氣功療法和保健 (Shanghai: Shanghai kexue jishu chubanshe, 1959).
- 25 Xu Shijie 徐世杰, *Shiyong qigong liaofa* 實用氣功療法 (Zhengzhou: Henan renmin chubanshe, 1963).
- 26 Nanjing zhongyi xueyuan 南京中醫學院, *Zhongyixue gailun* 中醫學概論 (Beijing: Renmin weisheng chubanshe, 1959).
- 27 Yinshizi 因是子, *Yinshizi jingzuofa* 因是子靜坐法 (Shanghai: Shangwu yinshuguan, 1917).
- 28 Jiang Weiqiao and Liu Guizhen, *Qigong liaofa diyiji* 氣功療法第一集 (Beijing: Renmin weisheng chubanshe, 1958), p.1.



Figure 3

Cover of *Taiji zhengzong* 太極正宗, from the collection of the Tangshan Qigong Sanitorium (detail). Photo provided by Zhang Tiange.

This change reflected an ongoing process of finding a new name for an old system of cultivation. The invention of new terms not only happened in Hebei, but also in Jiangsu, Zhejiang, Shanghai, and elsewhere. For instance, 'deep breath therapy' (*shen huxifa* 深呼吸法), 'light breath therapy' (*qian huxifa* 淺呼吸法), 'movements for breathing and massage' (*huxi anmo yundong* 呼吸按摩運動), 'breathing therapy for nourishing life' (*huxi yangshengfa* 呼吸養生法), and 'quiet sitting therapy' (*jingzuo liaofa* 靜坐療法) were introduced as 'medical exercises' (*yiliao tiyu* 醫療體育) and 'preventive therapies' (*yufang liaofa* 預防療法) in *Xin zhongyiyao* 新中醫藥 and other journals.²⁰

The names 'qigong' and 'qigong therapy' became popular after the Tangshan Small Group on Qigong Therapy was given its award in 1955. With the support of the central and local governments, a number of qigong sanitoriums were established from 1956. Among them, Beidaihe Qigong Sanitorium (*Beidaihe qigong liaoyangyuan* 北戴河氣功療養院) and Shanghai Qigong Sanitorium (*Shanghai shi qigong liaoyangsu* 上海氣功療養所) were two of the largest. A number of journal articles and books on qigong also appeared, such as *Qigong liaofa shijian* 氣功療法實踐,²¹ *Qigong kexue changshi* 氣功科學常識,²² *Qigong liaofa jiangyi* 氣功療法講義,²³ *Qigong liaofa he baojian* 氣功療法和保健,²⁴ and *Shiyong qigong liaofa* 實用氣功療法.²⁵ In addition, under an initiative of the Ministry of Health, the Nanjing University of Chinese Medicine (*Nanjing zhongyiyao daxue* 南京中醫藥大學) edited and published the textbook *Zhongyixue gailun* 中醫學概論, with one chapter on qigong therapy.²⁶ Within a few years, the term 'qigong therapy' gained acceptance and even some people who disliked the name, such as Jiang Weiqiao 蔣維喬 (1873-1958), who was well known for his book *Yinshizi jingzuofa* 因是子靜坐法, published in Shanghai in the early 20th century, started to follow suit.²⁷ He remarked, 'The name qigong therapy is not appropriate but since it has become popular I have to accept it'.²⁸

The Beidaihe Qigong Sanitorium and Related Developments

The Beidaihe Qigong Sanitorium was a large facility, with three new buildings and two apple orchards within its grounds. The Central Health Bureau (*Zhongyang baojianju* 中央保健局) — a government department in charge of the

healthcare of the leadership of the country, including Mao Zedong — reserved 30 of its 100 beds. Most of the patients admitted through the bureau were high-level bureaucrats, well-known national figures and their families, and soldiers who had served honourably in the Sino-Japanese War or the Civil War that followed it; Zhou Enlai's brother, Liu Shaoqi's ex-wife, generals and heroic soldiers, as well as famous artists and scholars spent time there. The other 70 beds were open only to government officials, intellectuals, and leaders of the democratic parties. They were not open to working people or farmers.²⁹

The governor of Hebei appointed the head of the Beidaihe Qigong Sanatorium, the first being Liu Guizhen of the Tangshan Small Group. From the time of its establishment, most treatments were, unsurprisingly, based on *qigong*, although the sanatorium recruited many doctors, nurses, dietitians, and technicians who had graduated from schools of Western medicine. The three main types of *qigong* therapy used there were Neiyanggong, Qiangzhuanggong, and Baojiangong 保健功. In addition to medical treatment, it engaged in other *qigong*-related activities, such as research, training of technicians, and the promotion of national and international exchange.³⁰

The sanatorium had a research centre that, amongst other projects, sought to broaden *qigong* therapy by consulting with famous cultivation practitioners across the country. Most of the staff in the research centre were trained in Western medicine and had little if any knowledge of *qigong* before they arrived. As noted above, Zhang Tiange, who had graduated from a military medical school in 1953, was sent to work at the Beidaihe Qigong Sanatorium in 1956 (Figure 4).

Zhang Tiange related his recollections of the research centre in 2005:³¹

We were all very young and did not have much knowledge of *qigong*. While reading the literature on *qigong*, we realised that many *qigong* therapies had their origins in medicine, Daoism and Buddhism, so we decided to contact Chen Yingning, who was a Daoist practitioner and the Chair of the Chinese Daoist Association (*Zhongguo daojiao xiehui* 中國道教協會). He explained body cultivation for us as well as how to deal with various body reactions during cultivation.

The Beidaihe sanatorium gathered experts in *taijiquan* 太極拳, acupuncture and hypnosis. From the outset, *taijiquan* was introduced as an exercise to get patients moving their bodies. Two *taijiquan* instructors were introduced by the Department of Health of Hebei Province and were hired by the sanatorium. Zhang Tiange described the openness of the sanatorium to adepts from various fields:

At the Beidaihe Qigong Sanatorium in the 1950s, whoever had talent in *qigong*, acupuncture, massage, or hypnosis could show what they could do. If the treatments they introduced were really effective, they could be formally employed.³²

After the First National Training Course for Qigong Therapy (*Quanguo shouci qigong liaofa peixunban* 全國首次氣功療法培訓班) was launched in 1956, *qigong* training classes were held every year with 40 to 60 medical workers



Figure 4

Zhang Tiange at right, working at the research centre of the Beidaihe Qigong Sanatorium in the 1950s. There is a sculpture of Mao Zedong and two Chinese-Russian dictionaries on the desk. Courtesy of Zhang Tiange.

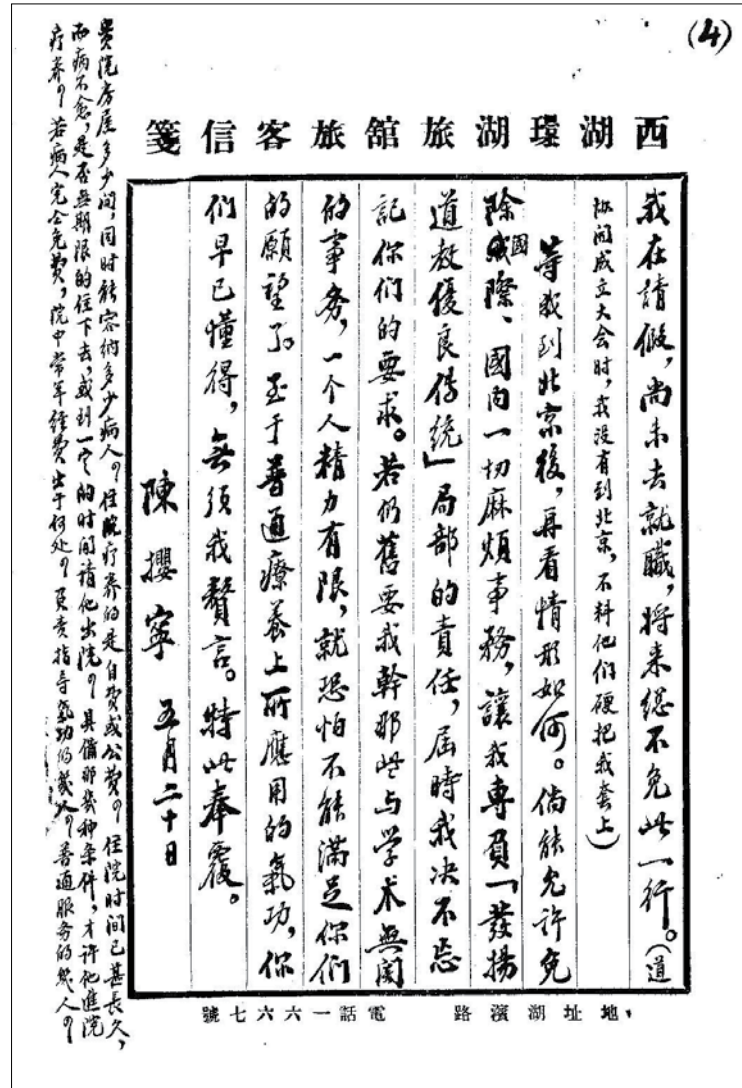
29 Zhang Tiange 张天戈, *Yiliao jianshen qigong wenxuan — Beidaihe yiliao qigong fazhan 50nian jishi* 医疗健身气功文选:北戴河医疗气功发展50年纪实. Unpublished manuscript, 2004.

30 Ibid.

31 Interview with Zhang Tiange, 2005.

32 Ibid.

Figure 5
A letter from Chen Yingning to the
Beidaihe Qigong Sanitorium.



33 Ibid.

taking part. Many of the participants were sent by medical institutions on the instructions of their local health bureaus. They then introduced *qigong* therapy to their institutions after they returned; some even established their own *qigong* sanitoriums, such as Chen Tao 陳濤 (1922–68), who established the Shanghai Qigong Sanitorium. Zhang Tiange remembered Chen Tao in this way:

I met Chen Tao once. It was around the time the first national *qigong* study class was about to conclude. Chen Tao said that he wanted to establish a *qigong* sanitorium after he went back to Shanghai. In 1957, the sanitorium was opened with Chen Tao as head. It had as many as 50 beds.³³

In March 1959, the Beidaihe Qigong Sanitorium launched the journal *Qigong* 氣功 to promote knowledge of *qigong* nationally. Two hundred copies of the first issue were printed and distributed to local medical institutions and high-level officials in the Health Department. There were six issues of the magazine between March 1959 and April 1960, which contributed to the formation of a *qigong* network centred on the Beidaihe sanitorium.

In 1959, the Beidaihe National Qigong Experience Exchange Meeting (Beidaihe quanguo qigong jingyan jiaoliuhui 北戴河全國氣功經驗交流會) was held



with the support of the National Ministry of Health, which provided 3000 yuan to cover the cost of the meeting. The meeting at the Beidaihe sanatorium lasted for 10 days, and included 80 representatives from 64 medical institutes and schools. Famous doctors of Chinese medicine, as well as Buddhist, Daoist, and martial arts representatives were also invited guests, bringing the total number of participants to more than one hundred (Figure 6).

The meeting was hailed by the local Beidaihe newspaper, *Qinghuangdao ribao* 秦皇島日報, as big news. An article entitled 'Rang qigong fayang guangda genghaodi wei shehuizhuyijinshi fuwu: Beidaihe qigong jingyan jiaoliuhui shengli bimu' 讓氣功發揚光大更好地為社會主義建設服務: 北戴河氣功經驗交流會勝利閉幕) said:

This meeting reported that in just a few short years our country's *qigong*-related activities have developed swiftly, thanks to the strengthening of the Party's leadership in pharmaceutical and medical work, and implementing its policy on Chinese medicine ... In the last few years *qigong* therapy has been practiced in most provinces and autonomous regions. According to statistics provided by the work units taking part in this meeting, there are 332 personnel engaged in *qigong*-related work, the number of beds reserved for *qigong* treatment has increased to 2297, and 4000 patients have been admitted ... Progressively implementing the Party Central Committee's policy on Chinese medicine and with the close collaboration of Chinese and Western medicine, we should energetically popularise *qigong* therapy, and given the basic facilities or specific conditions in our general hospitals promote it, practice *qigong* therapy, and spread our experiences of *qigong*, to make it flourish broadly. At the same time we should strengthen research work in *qigong* science. We should let *qigong* serve the people by improving the medicine of the Motherland, and the construction of socialism.³⁴

As part of the 'Motherland's medical heritage', *qigong* therapy was introduced to other socialist countries in Eastern Europe and the Soviet Union. Major international *qigong* exchange meetings were held, frequently with the Soviet Union, and the topic of *qigong* therapy was often raised in newspapers, academic exchanges and visits of officials in health administration. The Beidaihe Qigong Sanatorium received visitors from Soviet medical and acupuncture observation groups each year from 1956 to 1959.

The Revision of the History of Qigong and Proof of its Efficacy

To become part of the state medical system, *qigong* had to fulfill two criteria. First, it needed an elaborated history as part of the 'Motherland's medical heritage'. Second, it needed proof of its efficacy as a therapy. These two tasks started in the 1950s with *qigong* proponents quickly acting to conform to the state's maxim that 'the labouring people are the masters of history' (*laodong renmin shi lishide zhuren* 勞動人民是歷史的主人). To achieve this, it was neces-

Figure 6

The Beidaihe National Qigong Experience Exchange Meeting. Courtesy of Zhang Tiange, who is on the far right.

34 *Qinghuangdao ribao* 秦皇島日報, 3 November 1959, p.1.

Figure 7

1958 visit of the Soviet
acupuncture observation group to
the Beidaihe Qigong Sanitorium.
Courtesy of Zhang Tiange.



35 Xu Yinggao 許映高, 'Yiliao yufangxing "shenhuxi liaofa"' 醫療預防性深呼吸療法 *Xin zhongyiyao* 新中醫藥 2 (1954): 26.

36 Zeng Yiyu, 'Xin Zhongguo yiliaotiyu zhi youyi xingshi - "Jingzuo liaofa"', p.2.

37 See *Xinhua yiyao* 新華醫藥, 6 (1950), p.2.

38 Chen Susheng 陳蘇生, 'Xuexi zuguo yixue bixu pipan Yu Yunxiu sixiang 學習祖國醫學必須批判余雲岫思想', *Xinzhong yiyao* 新中醫藥, 11 (1955): 443-46, at p.445.

39 *Huangdi Neijing* never mentions qigong by name but does describe a bodily cultivation system called *daoyin tuna*, which appears similar to the qigong therapy proposed by Liu Guizhen. This is the basis for the claim that qigong therapy has a history of more than two thousand years.

sary to deny *qigong*'s links to Buddhist and Daoist bodily cultivation practices, as the Chinese state associated religion with superstition and idealism, and labelled it a product of the 'feudal class'. Thus, some doctors of traditional medicine promoted a novel view of *qigong* therapy that conformed to the ideology of the new state, maintaining that '*qigong* therapy was born from the knowledge of the great working people but, unfortunately, was exploited by Buddhism and Daoism and cloaked in superstition and mystery'.³⁵ Others simply obscured any religious connection by asserting that the origin of *qigong* could no longer be ascertained.³⁶ In this way, *qigong* therapy was recognised by the state as part of traditional medicine.

During this process, the origins of *qigong* were integrated with those of traditional medicine in order to give it a history appropriate to being a part of the 'Motherland's medical heritage'. The state instructed local health offices to 'systematise the Motherland's medical heritage' (*zhengli zuguo yixue yichan* 整理祖國醫學遺產) to collect and classify secret recipes popular among the people. Viable treatments were identified and listed in the *Zhongyao yaodian* 中藥藥典.³⁷ In addition, as one author wrote in 1955:

neglected but proven remedies ... originated from the experiences of individuals but have become the valuable property of the collective. These valuable elements of the Motherland's medical heritage, having been scientifically verified, now serve the people better and with greater strength.³⁸

During this process, *qigong* therapies were also recognised and classified by local health offices as being part of the 'Motherland's medical heritage'. In addition, *qigong* therapy, it was claimed, was documented in *Huangdi neijing* 黃帝內經, the earliest classic of Chinese medicine and fountainhead of all subsequent medical works.³⁹ Thus, the medical treatment given the name of '*qigong* therapy' by Liu Guizhen acquired a record in historical texts of more than two thousand years, coterminous with traditional medicine.

During this period, scholars and officials involved in *qigong* therapy also developed an appropriately 'modern' theoretical justification. Under the influence of the national movement to 'learn from the Soviet Union' the theories of Russian scientists became very influential, including in the medi-



Figure 8

Booklet on qigong in Russian with five pictures showing the basic forms of qigong therapy practiced in qigong sanatoriums in the 1950s.

cal field. Thus, the work of Ivan Pavlov was invoked to provide a ‘modern’ and ‘scientific’ basis for *qigong*. For example, the Ministry of Health and the Chinese Academy of Sciences (*Zhongguo kexueyuan* 中國科學院) sponsored a 35-day Pavlovian theory study workshop in Beijing in 1953 for 22 professors, researchers, and doctors of physiology, psychology, and clinical medicine. It proclaimed Pavlovian theory to be a ‘great materialist physiology and the only correct theory to lead the development of medical science in the New China’.⁴⁰ *Qigong* therapy was, thus, explained using Pavlov’s theories of conditioned response (*tiaojian fanshe xueshuo* 條件反射學說) and hypnosis (*cuijian xueshuo* 催眠學說); effectiveness in treating neurasthenia was attributed to the stimulus and suppression of the cerebral cortex in *qigong* breathing and exercise techniques. In addition, just as Pavlov’s theory of hypnosis asserted that the hypnotist’s words stimulated the cerebral cortex of patients, it was also claimed that movements in the respiratory system and internal organs caused by *qigong* had the same effect. In this way, Pavlov’s theories provided

40 Zhu Xiangyao 諸相堯, ‘Ruhe yi Bafuluofu xueshuo zuowei fazhan xinzhongguo yixue de jichu’ 如何以巴甫洛夫學說為發展新中國醫學的基礎, *Zhongyang weishengbu bapuluofu xueshuo xuexihui bian* 中央衛生部巴甫洛夫學說學習會編 eds. *Bapuluofu xueshuo xuexi wenji* 巴甫洛夫學說學習文集 (Beijing: Renmin weisheng chubanshe, 1954).



Figure 9

Establishment of Qigong Division, Association of Chinese Medicine in Hebei Province, 1981. Liu Guizhen is sixth from the left in the second row and Zhang Tiange the first from the left in the third row.

41 Chen Tao, *Qigong kexue changshi*.

scientific ‘proof’ for *qigong* therapy, sweeping away all possible connections with Buddhism and Daoism.⁴¹ Thus, *qigong* therapy acquired a scientific explanation and became part of the state’s modernisation project, institutionalising it further within the medical establishment.

Figures in Qigong Therapy

Liu Duzhou 劉渡舟 (1890–1972), Liu Guizhen, and Zhang Tiange represent different phases in the development of *qigong* therapy in the 1950s. Liu Duzhou gained his knowledge of Neiyanggong, the body cultivation method that had been practiced in rural Hebei from the end of Ming dynasty, by a traditional mode of transmission. Thus, what he considered Neiyanggong included traditional beliefs and practices that by the early 1950s were considered ‘feudal superstitions’. Liu Guizhen was a transitional figure who learnt Neiyanggong from Liu Duzhou in order to treat his illness, but who later reinterpreted and reworked Neiyanggong to integrate it into the state medical system. Zhang Tiange was the youngest of the three, a graduate from an army medical school, who was dispatched by the government to work on *qigong* therapy. How did these three figures fare in the 1950s and after?

Initially, Liu Duzhou learnt to practice Neiyanggong to treat his pulmonary tuberculosis, and was designated as the fifth-generation recipient of its transmission. When Neiyanggong was integrated into *qigong* therapy in the 1950s, he began to work in various *qigong* sanitoriums, then in 1955 he was invited to work in the Tangshan sanitorium, where his patients practiced Neiyanggong for seven hours each day. When the Beidaihe sanitorium was



established in 1956, Liu was sent there to train specialists in Neiyanggong, but he later returned to Tangshan, where his book *Neiyanggong liaofa* 内养功療法 (based on his practice) was published in 1959. Liu returned to his home town, Sizhuang 寺庄 in Wei 威 county in Hebei, in 1969, when the Tangshan sanatorium was closed down at the height of the Cultural Revolution. He died in 1972.⁴²

As discussed, Liu Guizhen was a pioneer of *qigong* therapy in the 1950s and received great recognition for this. In 1956, he was honoured as an ‘advanced worker’ (*xianjin gongzuozhe* 先进工作者) by Hebei province and a ‘model worker’ (*laodong mofan* 劳动模范) by the national authorities. At the national convention of model workers in Beijing, he met Mao Zedong and other members of the leadership, and was later invited to teach *qigong* therapy to prominent people on the national stage, including Liu Shaoqi. In 1964, however, Liu Guizhen was severely punished for his involvement in the ‘Zhou Qianchuan 周潜川 case’. Zhou Qianchuan, who served as a doctor in the Guomindang army during the anti-Japanese war, had studied Latin, English, and Western medicine in a Christian church when he was young, and later in England and Germany. In 1939, he started learning Emeigong 峨眉功 and practiced it for many years. At the invitation of the Shanxi government, he attended the Shanxi Institute of Chinese Medicine (*Shanxi zhongyi yanjiuyuan* 山西中医研究院), where he researched Chinese medicine while teaching Emeigong.⁴³

In 1964, someone alleged that Zhou was a spy and he was reported to the central government. Suspected of making contact with cadres and officers to steal state and military secrets using *qigong* as a cover, he was sentenced to fifteen years in prison, where he died in 1971. People connected with Zhou, including Liu Guizhen, were also punished: Liu had invited Zhou to teach at the Beidaihe sanatorium. Thus, in 1965, Liu was detained on charges of colluding with the ‘counter-revolutionary Zhou Qianchuan’, expelled from the party, removed as head of the Beidaihe sanatorium, had his salary reduced seven levels, and was sent to Shanhaiguan for labour reform (*laodong gaizuo* 劳动改造).⁴⁴ In the same year, the Shanghai sanatorium was shut down and its director, Chen Tao, was removed from his post. He died in 1968 after harsh criticism and constant persecution.⁴⁵

Figure 10

Establishment of Qigong Division, Association of All China Chinese Medicine, 1981. Liu Guizhen is the ninth from the right in the third row and Zhang Tiange the third from the right in the last row.

42 Zhang Youtian 张幼天, ‘Wo gen Liu Duzhou laoshi xuelian neiyanggong’ 我跟刘度舟老师学练内养功, *Qigong yu kexue* 气功与科学 1 (1987): 26–27.

43 Ji Shoukang 冀寿康, *Zhongguo qigong shiliao chujishi* (四) 中国气功史料初辑(四), (manuscript for internal circulation, n.d., 1992?).

44 Liu Yafei 刘亚非, ‘Xiang baba nayang reai qigong’ 像爸爸那样热爱气功, *Qigong yu kexue* 气功与科学 12 (1984): 8–10.

45 Ji Shoukang, *Zhongguo qigong shiliao chujishi* (si).



Figure 11

Zhang Tiange, August 1951.

In 1966, at the outbreak of the Cultural Revolution, *qigong* practitioners were routinely criticised and organisations attacked. Several additional charges were brought against Liu, such as being ‘the founder of the large poisonous weeds of *qigong* (*qigong daducao chuangshiren* 氣功大毒草創始人)’ and of being a ‘counter-revolutionary revisionist element (*fan’geming xiuzhengzhuyi fenzi* 反革命修正主義份子).⁴⁶ *Qigong* therapy was damned as ‘feudal, capitalist, and revisionist’ (*feng zi xiu* 封資修) and its practitioners and institutions further attacked. For example, in 1969, the Tangshan *Qigong* Sanatorium was closed,⁴⁷ and its staff were sent to sweep the streets and clean public toilets. Meanwhile, a rebel faction (*zaofanpai* 造反派) occupied the Beidaihe sanatorium, launching criticisms of *qigong* and burning *qigong* books.⁴⁸

Thus, *qigong* therapy disappeared from the medical system for more than a decade. In 1980, Liu was rehabilitated and was reappointed as director of the Beidaihe sanatorium. In July 1981, he was elected president of *Qigong* Section (*qigong fenke xuehui* 氣功分科學會) of the Hebei Traditional Chinese Medicine Association (*Hebeisheng zhongyi xuehui* 河北省中醫學會) and head of the north China division of the *Qigong* Science Research Society (*Qigong kexue yanjiuhui* 氣功科學研究會), of the All China Traditional Chinese Medicine Association (*Zhonghua quanguo zhongyi xuehui* 中華全國中醫學會). With the assistance of Zhang Tiange and others, he republished *Qigong liaofa shijian* in 1981. Liu died of cancer in Beijing in December 1983, just before China experienced the great upsurge in interest in *qigong*, known as the *qigong* boom.⁴⁹

Zhang Tiange was a member of the generation sent to work on *qigong* therapy by the state. He joined the People’s Liberation Army in 1951 and studied in one of its medical schools. After graduating in 1953, he worked at the Hebei No. 1 Rehabilitation Hospital (*Hebei diyi kangfu yiyuan* 河北第一康復醫院). When Beidaihe *Qigong* Sanatorium was established in 1956, Zhang was among a group of young medical staff the sanatorium recruited, and were required to practice *qigong* for four hours a day. This is where Zhang learnt *Neiyanggong* and *taijiquan*. In 1962, Zhang was moved to the Shanhaiguan People’s Hospital (*Shanhaiguan renmin yiyuan* 上海人民醫院). During the Cultural Revolution, his work as a doctor and his further studies in Chinese medicine in Beijing were

46 Yu zhichao 余志超, ‘Xinzhongguo qigong shiye de kaituoze-Liu Guizhen he tade neiyanggong’ 新中国医疗事业的开拓者:刘贵珍和他的内养功, *Zhongguo qigong kexue* 中国气功科学 10 (1999): 18–20.

47 Cheng Zhonglu 陈忠禄, ‘Guanyu Tangshan qigong liaoyangso de duanpian huiyi’ 关于唐山气功疗养所的断片会议, *Zhongguo qigong kexue* 中国气功科学 2 (1996): 30–31; Ji Shoukang, *Zhongguo qigong shiliao chujishi* (si).

48 Interview with Zhang Tiange, 2005.

49 Liu Yafei, ‘Xiang baba nayang reai qigong’; Gu Yuetao 顾曰涛, ‘Liu Guizhen zhi si’ 刘贵珍之死; *Qigong yu kexue* 气功与科学 12 (1989): 2–7; Yu Zhichao, ‘Xinzhongguo qigong shiye de kaituoze-Liu Guizhen he tade neiyanggong’, pp.18–20; Benjamin Penny, ‘Qigong, Daoism and Science: Some Contexts for the Qigong Boom,’ in eds Mabel Lee and A.D. Syrokomla-Stefanowska, *Modernization of the Chinese Past* (Honolulu: University of Hawai’i Press, 1993); David A. Palmer, *Qigong Fever: Body, Science, and Utopia in China* (New York: Columbia University Press, 2007).



Figure 12

Liu Guizhen and Zhang Tiange.

**Figure 13**

The first meeting of editors of the chapter on qigong therapy in the Zhongguo yixue baike quanshu, April 1982.

interrupted when he was sent to the countryside several times. When the sanatorium reopened in 1980, he returned and assisted Liu Guizhen in promoting *qigong* therapy once again. Since 1980, Zhang and his generation have become the central figures developing *qigong* therapy with the retirement or deaths of their older colleagues. Zhang held the position of head of the *qigong* research department in the Beidaihe sanatorium, the national centre for education in medical applications of *qigong*. He has participated in national-level *qigong* research projects, edited the chapter on *qigong* in the *Zhongguo yixue baike quanshu* 中国医学百科全书, and has visited Japan, Germany, France, and America to promote *qigong* therapy. Since retiring in 1995, he has written essays based on his personal experience of *qigong* therapy since the 1950s.⁵⁰

Conclusion

The history of *qigong* therapy in the 1950s demonstrates the extensive ‘reform’ that traditional healing practices underwent at the behest of the state. This is shown in the compromise between Chinese and Western medicines in the very designation of a system of treatment as ‘*qigong* therapy’, in the application to research on *qigong* theory of the policy of ‘Learning from the Soviet Union’, and in the adoption of Marxist historical perspectives to narrate the history of *qigong*. While the state promoted the development of *qigong* and gave researchers and practitioners their basic guidelines and physical facilities, those who participated in the establishment of *qigong* therapy pursued their work within these guidelines with a degree of autonomy until the political changes leading to the Cultural Revolution. The rapid development of *qigong* therapy in the 1950s was, therefore, a function of strong support from the state and, as a result, it reflected the state’s vision of new medicine for a new China.

⁵⁰ Zhang Tiange, *Yiliao jianshen qigong wenxuan — Beidaihe yiliao qigong fazhan 50-nian jishi*; Zhang Tiange, *Yige qigong gongzuozhe 50-nian gongzuo riji* 一个气功工作者50年工作日记. Unpublished manuscript, 2009. Some sections of this diary can be found online at <qigong.arkoo.com/column2.html>.

Utiraruto Otehode

School of Culture, History and Language
College of Asia and the Pacific
The Australian National University
wuqi.riletu@anu.edu.au

Benjamin Penny

Australian Centre on China in the World
College of Asia and the Pacific
The Australian National University
benjamin.penny@anu.edu.au

