Southern Medicine for Southern People

Southern Medicine for Southern People: Vietnamese Medicine in the Making

Edited by

Laurence Monnais, C. Michele Thompson
and Ayo Wahlberg

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The idea for this book was hatched at the first international conference on the History of Medicine in Southeast Asia (HOMSEA) held in Siem Reap, Cambodia in January 2006. Having all worked on issues relating to medicine and health in Vietnam we felt that the time was ripe for a volume which examined the emergence and the identity of Vietnamese traditional medicine from a social science perspective. With such considerable focus on Traditional Chinese Medicine (TCM) both regionally and internationally, the unique events and practices that have contributed to the formation of Vietnamese traditional medicine have received scant attention by comparison. Indeed, as will be seen in the pages that follow, such a move out of the "shadow" of China remains integral to the history of Vietnamese medicine. And, while some ethnographic studies focusing on traditional medicine use in Vietnam had begun emerging, much less social scientific attention had been directed at the historical, political, social and cultural conditions under which Vietnamese medicine had been formed over the past centuries.

Finding contributors to this pioneering volume which hoped to approach the dynamic identity of Vietnamese medicine from a multidisciplinary standpoint, proved to be quite a challenge, as there simply were not that many social scientists working on Vietnamese medicine to be found. We are therefore immensely grateful to all contributing authors for their hard work and excellent contributions to this volume. We also extend warm thanks to our colleague Annick Guénel who has been very much a part of the making of this book and who has contributed editorial insights throughout.

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As a project, this book has been in the making for some years, but we certainly believe it was worth the wait! We now hope that you will agree with us.

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Laurence Monnais, C. Michele Thompson, Ayo Wahlberg

LIST OF ABBREVIATIONS

AMI	*Assistance médicale indigène*
ASEAN	Association of Southeast Asian Nations
CAM	Complementary and Alternative Medicines
CAOM	Centre des Archives d'Outre-mer, Aix-en-Provence, France
CG	Fonds de la Commission Guernut
CEO	Chief Executive Officer
CP	Chính Phủ
GLP	Good Laboratory Practices
Gougal	Fonds du Gouvernement général de l'Indochine
Gougal SE	Fonds du Gouvernement général de l'Indochine, Service économique
GMP	Good Manufacturing Practice
GSP	Good Storage Practices
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
Indo NF	Indochine Nouveau fonds
IOM	International Organization for Migration
IVF	In Vitro Fertilisation
JCRV	Joint Committee for Refugees from Vietnam
NHP	Natural Health Products
NHS	National Health Service, UK
NIMH	National Institute of Medical Herbalists, UK
ORR	Office of Refugee Resettlement
OTC drugs	Over-the-counter drugs
PTSD	Post-Traumatic Stress Disorder
R&D	Research and Development
RST NF	Fonds de la Résidence Supérieure du Tonkin, Nouveau fonds
TCM	Traditional Chinese Medicine
UN	United Nations
UNDP	United Nations Development Programme
UNDCP	United Nations Drug Control Programme
UNOPS	United Nations Office for Project Services
USD	United States dollar

VHMS	Vietnamese Mental Health Service, UK
VNA	Vietnamese National Archives
VND	Vietnam dong
WHO	World Health Organization
WTO	World Trade Organization

INTRODUCTION

SOUTHERN MEDICINE FOR SOUTHERN PEOPLE

LAURENCE MONNAIS, C. MICHELE THOMPSON AND AYO WAHLBERG

Vietnamese medicine today is a medicine in the making, as it has been for many centuries. Ever since its formal emergence out of the traditions and practices of the much more globally celebrated Chinese medicine, traditional practitioners, doctors, government officials, scientists and many others have engaged in a constant effort to define, guard and, more recently, revive what has come to be known as "Vietnamese Traditional Vietnamese" (*Y học cổ truyền Việt Nam*). These efforts are reflected in the title of this book: *Southern Medicine for Southern People*. The Việt, an ethnic group who make up almost 90% of the total population of Vietnam, self-identify as being "of the South" with the term "Nam" meaning south of China.[1] According to Vietnamese tradition, in the fourteenth century a Buddhist monk called Tuệ Tĩnh (1330-c. 1389), one of the "founding fathers" of Vietnamese medicine, wrote a medical treatise entitled *Nam Dược Thần Hiệu* 南藥神跡 [Miraculous Medicines of the South]. It is believed that this text was created to explain Vietnamese medical practices and beliefs within the theoretical framework of Chinese medicine and to argue that Vietnamese medicines, the products of Vietnam's soil, water, and climate, were best for the Vietnamese, as people of the South. Since at least that point in time, the Vietnamese have made a distinction between *Thuốc Nam* Southern, i.e. Vietnamese, medicine and *Thuốc Bắc* Northern, i.e. Chinese, medicine (Thompson 2007).

China has been, and remains, a crucial reference point for the question of what makes something Vietnamese (Jamieson 1993; Woodside 1971). Geographical proximity, the fact that the historical birthplace of Vietnam is found in the North of the country, is only a part of the explanation for this, while the inclusion of Vietnam in East Asia—in what is often named the Confucian world—is first and foremost the result of a thousand years

of Chinese colonisation, as well as of incursions and occupations during the following centuries, without discounting exchanges and links that fluctuated in nature while remaining great in number. Medicine is one of many cultural areas within Vietnamese tradition where the dichotomy between North and South is seen as a defining characteristic (Craig 2002; Marr 1987). Yet, Vietnamese medicine has not only taken its bearings from the north, in relation to China. In more recent centuries, following initial interactions with missionaries and the ensuing colonisation of Indochina by the French, Western medicine (*Thuốc Tây*) came to play a pivotal role in Vietnamese health care. This new, to the Vietnamese, form of medicine—at least when it concerns nineteenth century scientific medicine that would soon be stronger for germ theory—provided another point of opposition against which both *Thuốc Bắc* and *Thuốc Nam* could be referenced and, in response to this, both came to be referred to collectively as "Eastern medicine" (*Đông Y*). In this new distinction, North-South differences were subsumed and the differentiation became East versus West. Thus, at the beginning of the twentieth century, while medicalisation took hold in Indochina, the West also became a significant signpost in the defining of Vietnamese medicine.[2]

Whether looking North or West for an oppositional definition, the Vietnamese have dealt with a persistent postulation that what lies South and/or East is inferior. Practitioners of *Thuốc Nam* were often viewed as empiricists, impostors, or even "quacks" by purist practitioners of *Thuốc Bắc*, who saw Northern medicine as deriving from an ancient and learned school of Sino-Vietnamese medicine with a comprehensive philosophy and a sophisticated set of underlying theories (Marr 1987: 162-70). Some considered Southern medicine to be merely a form of empirical domestic medicine in which secret family remedies were shared with others for a fee. It was precisely these "miraculous" medicines, based on the plants that were common to the largely tropical climate of Vietnam, that Tuệ Tĩnh and later Lê Hữu Trác (Lãn Ông) (1720-91) presented in their treatises on Southern medicines. In more recent times, during French colonisation, Western medicine was cast as superior, presented as based on rational science as opposed to the irrational and superstitious medicine of the "natives".

Despite persistent denigration of local healers and their beliefs, indigenous Vietnamese medical practices were never, at any point, close to eradication. In fact, the twentieth century, from at least the 1930s on, tells a story of revival and resurgence for Vietnamese medicine as many of its practitioners came to be inexorably bound to the revolutionary quest for national independence and self-sufficiency. During several decades of

anti-colonial struggle, Vietnamese medicine became *Thuốc Ta* ("our medicine") as opposed to *Thuốc Tây*, "Western medicine" (although it should be noted the word *tây* not only denotes "West" but is also used as an adjective to define the French) (see Marr 1987). *Thuốc Ta* played an important role in health care for Vietnamese soldiers cut off from modern medical supplies and later, in the postcolonial period, it became a key component of newly independent Vietnam's nation building project. Indeed, after setting up the government of the Democratic Republic of Vietnam in Hanoi, President Hồ Chí Minh argued, in 1955, that "we must build our own medicine", not by rejecting either Western or Eastern medicine but rather by combining them (cited in Nguyen *et al.* 1965).[3] His call led to the development of an extensive network of institutions and departments of traditional medicine throughout the country whose task it was to both document and make use of what, most recently, has come to be known as *Y học cổ truyền Việt Nam*.[4]

Clearly, Vietnamese medicine has, for nearly seven centuries, consistently been defined in opposition to what it is not, i.e. Northern or Western. Yet any attempt to create an inclusive account of the history of medicine in Vietnam must start by undoing these dichotomies. For whatever role North-South and East-West confrontations have played in the making of Vietnamese medicine, they are not the only keys to an understanding of more mundane efforts to treat illnesses, provide medical services or promote public health in Vietnam. There are three particular points where conventional accounts of the links between Eastern and Western medicine and Northern and Southern medicine can, and in this volume will, be challenged when looking at Vietnam. The first concerns romantic views of a mystical East and a rational West where modern and oriental medicines remain incommensurable; the second concerns portrayal of the French colonial medical encounter in terms of a complete rejection and denigration of traditional medicine; and the third is concerned with the idea that a "pure" Southern medicine ever existed and is, perhaps, still to be found.

A Rational East and a Mystical West

A late-twentieth-century resurgence in the practice and use of what are known today as Complementary and Alternative Medicines (CAM) has been documented and debated widely in Europe and North America (WHO 2002; House of Lords 2000; Eisenberg *et al.* 1998; Cant and Sharma 1996; Sharma 1992). In many countries, these medical systems have re-emerged as part of, or in tandem with, what Mike Saks (2003) has

termed "medical counter-cultures". With Western "scientific" medicine increasingly under fire, from the 1960s on, for its side effects and for a "cold" bureaucratised health care system which had, seemingly, lost sight of the patient, CAM were promoted by many as a remedial alternative.[5]

Significantly, it was not only those forms of CAM (such as osteopathy, chiropractic medicine, homeopathy or Western herbal medicine) that had long indigenous histories in Europe or America which gained in popularity. Traditional Chinese Medicine (TCM), Ayurvedic medicine, and Tibetan medicine became visible and available in many European and American cities and towns, often surrounded by images and symbols of a mystical "Orient" (Zhan 2009; Barnes 2005; Frank and Stollberg 2004). Clearly, globalisation and the increase in immigration from non-Western countries, especially from Asia, have played and continue to play an important role in this increasing popularity and in the symbolism used to advertise these alternative forms of healing (Wujastyk and Smith 2008; Alter 2005 and chapters 9 and 10 in this volume). Much like other forms of CAM, these Asian medicines were promoted as holistic and natural in opposition to a reductionist and side-effect-prone Western medicine, even if they often have been more a complement than a truly available alternative, at least in legal terms and within the everyday provision and restriction of many health care systems in the West.[6] Use of these Asian systems of medicine by individuals in the West has often been associated with particular lifestyles that include dietary choices, meditation, yoga and other forms of "holistic" or "spiritual" activities (Zhan 2009; Coward 1989). To many of these individuals, the West is associated with urbanised living, bureaucracy, pollution, stress and a general loss of spirit while the East stands for holism and harmony. So, in the closing decades of the twentieth century, forms of medicine which had previously been considered backward or superstitious were imported to former colonial powers as antidotes to modern medical systems that were perceived as uncaring or useless in terms of the stresses and health care issues brought on by modern life.

Yet, as Paul Unschuld (1987), Bridie Andrews (1994), Kim Taylor (2005) and Zhan Mei (2009) have shown with regard to TCM, this juxtaposition of a "reductionist" modern medicine with a "holistic" traditional medicine does not ring true with recent developments in China. The same can certainly be said for some other countries with strong ancient medical traditions (Hsu and Høg 2002), including Vietnam. Moreover, in Vietnam, the appropriation of traditional medicine by the country's health authorities has not been antithetical to an overall modernisation project, quite the contrary. If there has been a revival of

traditional medicine then this revival has come about through an explicit, rational, scientific effort to modernise, industrialise and, not least, commercialise the production and practice of traditional medicine. In his analysis of revolutionary hygiene and disease prevention programmes, Shaun Malarney shows in this volume how the Vietnamese government, once it had achieved power in 1954, embarked on an effort to modernise and educate otherwise "backward" populations throughout Vietnam—"revolutionary officials wanted to make Vietnamese culture more scientific, a process they referred to as 'science-isation' (*Khoa học hóa*)." And in the specific field of traditional medicine, Hoàng Bảo Châu (this volume) documents how the government initiated a series of programmes and activities to develop traditional medicine based on scientific principles and technologies. As a former Director of the Institute of Traditional Medicine in Hanoi (1975-95), Hoàng was a key figure in these efforts to build up a traditional medicine infrastructure and his essay in this volume provides us with a valuable testimonial as to how this process unfolded in the postcolonial years. This national push for modernisation and, more recently, commercialisation of Vietnamese traditional medicine has involved the combined efforts of traditional practitioners, botanists, pharmacologists, Western-trained medical doctors, chemists, and biologists as well as health officials. In their chapters, Ayo Wahlberg and Nguyen Phuong Ngoc show how such collaborations have played out in practice. Wahlberg analyses a case in which a traditional practitioner joins forces with the best chemists in Vietnam to industrialise and improve an herbal remedy used in the treatment of drug addiction, while Nguyen tracks the emergence of the pharmaceutical company Traphaco as one of Vietnam's leading manufacturers of plant-based medicinal products. Both chapters show how scientific technologies have been harnessed not to "Westernise" traditional medicine but rather to modernise Vietnamese medicine by revitalising it.

In the West, the divide between biomedicine and all of those forms of healing therapy that fall under the CAM rubric has been used to highlight the negative aspects of "modern" medicine. However, in Vietnam, it seems that a relatively recent emphasis on "our medicine" has been connected to a project of nation building. The terms *Thuốc Ta* and *Thuốc Tây* remain relevant to the Vietnamese today. Many Vietnamese consider that traditional medicine is less aggressive, less likely to have serious side effects, and more familiar than Western/modern medicine (Craig 2002). In Monnais' chapter on Vietnamese immigrants' practices of medical consumption in Montreal, we see how this view is perpetuated in the ways in which they stock and consume medicinal products in a "foreign"

setting. Indeed, it is possible to discern the outlines of a division of labour of sorts in which Western medicine is prioritised in cases of acute or life-threatening disease and Vietnamese traditional medicine is preferred in cases of chronic, often lifestyle-related, health problems. In Vietnam, antibiotics are as popular, if not more so, as any traditional remedies in daily use (Okumura, Wakai, and Umenai 2002; Duong, Binns, and Le 1997). This is true throughout the country and we can thus see how a postcolonial emphasis on combining modern and traditional medicine in Vietnam, whether by design or contingency, has resulted in various forms of medical and therapeutic pluralism in which forms of therapy co-exist depending on social factors, accessibility and, of course, the individual experience of illness and life issues.

We are given rich insight into the different ways in which individual therapeutic itineraries can unfold within such contexts of pluralism in the chapters of Melissa Pashigian, Vietnam, Nguyen *et al.*, the United Kingdom, and Monnais, Canada. Pashigian's essay addresses how a range of medical systems are available to involuntarily childless couples in Vietnam and the cultural and economic factors which shape their negotiation among these systems. She argues that a notion of "suitability" (*hợp, phù hợp*) is crucial for understanding how individuals relate to different forms of treatment and ultimately make their individual choices when seeking therapy. Vietnamese immigrants to Western countries also combine medical systems and they too have adapted their definitions and use of *Thuốc Ta*, *Thuốc Tây*, *Thuốc Bac* and *Thuốc Nam.* An essay by Nguyen Cam Xuan, Trong Uy Hoang, and Jack Shieh examines one group of these immigrants, in the United Kingdom, showing how mental health issues are interpreted in different cultural frames leading to particular challenges in the provision of mental health care. If the health care problems and practices found among these immigrants often reflect the stresses and strains of modern life, the authors demonstrate the enduring weight of traditional attitudes towards "psychological distress". In a somewhat different process—while being strongly affected by the migratory experience—as noted earlier, Monnais shows us how Vietnamese immigrants in Montreal stock their domestic medicine cabinets with Western and Eastern medicines as part of "therapeutic acculturation" processes.

If we look at the ways in which Vietnamese government officials and medical practitioners have actively revived and renovated their traditional medical practices in the last fifty years it is clear that public health objectives have not been the only issues at stake. There has also been a comprehensive effort to collect, map out, and archive knowledge about

traditional medicine that is at risk of being lost. Indeed, as Wahlberg shows in his chapter, it can be said that there is a concerted effort to safeguard what is considered by many to be a crucial element of Vietnam's cultural heritage before it is lost to ongoing processes of modernisation, industrialisation, and urbanisation. The revival of traditional medicine in Vietnam has certainly not been cosmetic nor has the creation of a national health care system that incorporates both Western medical practices and the revived and renovated form of Vietnamese medicine. Indeed, any dichotomy that might actually exist, and any that might be merely perceived, between Eastern and Western medicine has not prevented either form of medicine from being promoted in national health programmes. Instead, the dichotomy, real or created, serves an important symbolic role that is intended to invoke a sense of self-sufficiency and resilience that is presented as having characterised the Vietnamese people throughout the twentieth century, especially in contexts of war. It would appear that, when it comes to traditional medicine in countries like China and Vietnam, we may speak of a rational East and a mystical West rather than vice versa.

If, in Western countries, critics have highlighted and decried perceived alienating, dehumanising, and toxic side effects associated with over two centuries of modernisation, rationalisation, and scientisation, in Vietnam the terms modernisation and "science-isation" retain a clearly positive ring and it is no oxymoron to speak of modernising traditional medicine. In contrast, many Western proponents of CAM would not accept the idea that it is possible to modernise traditional medicine without simultaneously colonising it and thereby stripping it of its original value and efficacy (See Jagtenberg and Evans 2003; Janes 1999; Kaptchuk 1983). This is an important difference that must be kept in mind when accounting for the recent history of medicine in Vietnam.

A Colonial "Rejection" and a Nationalist Re-appropriation

There is a tendency to situate the encounter between Western and Vietnamese medicine within the temporal limits of French colonisation (1858-1954) and to reduce its history to one of iniquitous confrontation. In this narrative, the clash ended in the complete subordination, at least for a while, of the medical traditions of French Indochina (Vietnam, Cambodia and Laos), particularly those practiced in Vietnamese territory, where foreign domination was most persistent, and thus had its greatest impact (Brocheux and Hémery 2009).

Indeed, medicine was a key "civilising" tool throughout Western colonial empires of the nineteenth and twentieth centuries (MacLeod and Lewis 1988). In Vietnam, this "civilising mission" became formal policy with the implementation of an indigenous health policy in 1905, the *Assistance Médicale Indigène* (AMI) (Monnais-Rousselot 1999). By fuelling an authoritarian process of medicalisation driven by a self-confident scientific medicine that demanded exclusivity, French domination really did limit the freedom of Vietnamese traditional healers to exist and to act. At least until the 1930s, Vietnamese medicine was frequently denounced by government officials and colonial doctors as "gross empiricism", as inherently a-scientific, and as practiced by unscrupulous charlatans who endangered the health of the colonised population (Monnais and Tousignant 2006). Southern/Eastern medicine was anachronistic in a colonial context where Western medicine was seen as a key to progress. However, when viewed from the bottom, or middle, upwards instead of from the colonial administration downwards, Western and Vietnamese medicine are not systematically configured in opposition or antagonism, nor does Western medicine necessarily emerge victorious. This reality presents us with the crucial issue of distance: between colonial theory and practice, between intentions and actions, between the objectives of medicalisation and their application in the field, between urban and rural environments. Any valid re-examination of the history of Traditional Vietnamese Medicine must take into account these varied perspectives on the colonial encounter. Several essays in this volume revisit this encounter through two shifts in perspective.

The first shift is designed to illustrate the nuances of the dynamic and deeply ambiguous relationship between Vietnamese medicine and Western medicine during the formal timeframe of French colonisation. Monnais recalls in her essay on "professional (colonial) views of Vietnamese medicine" that although the divorce between Western medical personnel and Vietnamese traditional healers was officially complete, or nearly so by the beginning of the twentieth century (i.e. at a time when the AMI was being set up and encouraging results were being obtained through vaccination campaigns against smallpox, urban sanitation programs and the introduction of the first efficient infectious medicines), local medical practices and beliefs continued to play a role in health care provision in the colony. Western medical professionals practising in Vietnam suffered from quite a number of practical constraints such as: inadequate and insufficient budgets, a consistent shortage of facilities, personnel, and medicines, and a lack of sufficient scientific information on tropical diseases and their local symptomatology. Overcoming these constraints,

even partially, demanded open-mindedness and flexibility. In response to these problems a movement towards a process of "nativisation" of colonial health care arose during the Interwar period. By the 1930s, this nativisation "by obligation" had been subtly, and partially, transformed into a movement driven "by conviction". Insisting, with the help of a handful of administrators, on the acceleration of the "Vietnamisation" of medical personnel as well as the development of essential care in rural areas. In parallel to this openness, colonial legislation tended towards increasingly rigid rules concerning access to Vietnamese medicine. In fact, local medical traditions posed serious questions for colonial authorities at the time. How were authorities to separate the wheat (authentic traditional therapists) from the chaff (charlatans and profiteers of all kinds)? How could traditional practitioners be used to provide access for the Vietnamese population, particularly in rural areas, to a minimum of essential care? How were authorities to define and circumscribe Vietnamese medicine so that it would not conflict with Western medicine, but would instead exist as a harmless alternative and complementary medicine? A series of commissions for the study of Vietnamese *materia medica*, appointed by the colonial government between 1925 and 1938, reflected on these questions and, simultaneously, attempted a re-construction of the content of Vietnamese medicine.

The second shift in perspective re-situates the initial encounter between Western and Vietnamese medicine within a broader time period. First, it is important to remember that the encounter between French "colonial medicine" and Vietnamese medicine took place only after a succession of earlier encounters. Specific encounters between the Vietnamese and those Europeans in Vietnam who practised medicine in Vietnam during the civil wars of the seventeenth, eighteenth, and early nineteenth centuries occurred long before Vietnam was colonised by France. Though sporadic, these early encounters were nonetheless real and their legacy should not be written off, if only because they illuminate the nature of relations between these two medical systems up to the end of the nineteenth century. The missionaries and navy medical officers who travelled to Vietnam before the formal creation of French Indochina were not only curious about local medical practices but were also drawn to their pharmacological and therapeutic potential. This attraction is evidenced by the production of numerous texts, articles, theses, memoirs, manuals, and pharmaceutical compendia—a production that would moreover continue into the twentieth century, at a time when Western pharmacopeia was no better than Vietnamese pharmacopeia—for which the history remains largely to be written (Thompson 2005; Dương 1947-50).

The production of medical documents would increase in the 1930s and 1940s, even continuing during the Franco-Viet Minh War (1945-54). A number of Western medical compendiums were published in Vietnamese and became fairly widely available to both the general reading public in Vietnam and to those local healers who were interested in Western medical theories and practices. Numerous medical texts, which were published and distributed within local networks, also display the renewed vigour and detail with which the characteristics of a Vietnamese medicine were described, in some cases, with a heavy emphasis on the specific points that distinguish it from Chinese medicine (Guénel 2005). There arose, from this double movement, a broad reflection on the comparative traits and qualities of each medicine, and on the status of Vietnamese medicine: a medicine both traditional and scientific. The qualifier "traditional" came into use in the early 1930s among traditional therapists and also some Western-trained Vietnamese doctors. The political climate of the time played a role in the Vietnamese re-appropriation of their own medical traditions as the radicalisation of Vietnamese nationalism and nationalist groups was supported by a variety of socio-professional groups, including some in health care, medical research, and medical education. According to David G. Marr (1987: 179-80), "it may have been at this time that Northern medicine and Southern Medicine came routinely to be subsumed under the term 'Eastern medicine' (*Đông Y*) obviously a reaction to pressure from Western medicine proponents" and a means to defend spiritual values against the crass, materialistic West.[7]

If the use of the term "traditional" was a deeply political gesture, the word "scientific" also stemmed from various strategies of instrumentalisation as was the case in the processes of reinvention of other Asian medical traditions (Wujastyk and Smith 2008; Palmer 2007; Adams 2001). For some traditional therapists, the colonial attempts to legislate Sino-Vietnamese medicine in the Interwar period had also allowed them to assert themselves professionally, giving them greater autonomy and a greater objective recognition of their knowledge and skills. A recognition that would help in removing once and for all the label of "backwardness" long associated with them and with popular health practices. A label that would however persist, or at least remain a sticking point for the postcolonial Vietnamese authorities, forcing drastic governmental measures on the part of North Vietnam's sanitary authorities. In his essay, Shaun Malarney examines the regularly expressed desire in Vietnamese revolutionary discourse to incorporate "science" into daily life, education, and a post-colonial government. Through an examination of the propagation of germ theory and hygiene in the North Vietnamese countryside in the period

from 1954 to 1960, based upon official texts published by health authorities, he argues that although the propagation of germ theory was devoted to improving public health, it was also devoted to providing the people with a body of scientific knowledge that, once understood and internalised, would help them to transcend the stigmatised backwardness in which Vietnam was mired. Knowledge of germ theory and its associated hygienic practices would create a population of disciplined, clean, healthy citizens who were ready and able to carry out the tasks needed for Vietnam to move into the "bright socialist future".

Since 1954, if not sooner, it became nevertheless clear that Vietnamese medicine and its actors would, thereafter, be assigned new roles, most immediately that of compensating for the retreat of the French sanitary infrastructure and medical presence. In 1954-75, when Vietnam was divided into the Democratic Republic of Vietnam (North Vietnam) and The Republic of Vietnam (South Vietnam), the medical encounter with the West widened to global proportions, including a struggle played out on many sides to create medical institutions, while traditional medical personnel encountered new challenges at home and abroad.[8] Đoan Ngọc Trâm for instance was the first traditional pharmacist ever invited to give lectures to medical students at the Hanoi Medical School—which had opened its doors in 1902 in order to train Western-trained auxiliary "Indochinese" physicians. She served the government of the Democratic Republic of Vietnam by acting as a medical goodwill ambassador to Algeria from 1983-86 after her oldest daughter Đặng Thùy Trâm (1942-70), a Western-trained surgeon, had been killed by American forces. A biographical essay by Robert Whitehurst discusses the lives and work of these two fascinating female healers whose story in itself demonstrates the continuities between colonial and postcolonial as well as the possible harmony between medical systems joined together in the service of the Vietnamese population.

In the closing decades of the twentieth century the encounter between Traditional Vietnamese Medicine and Western medicine produced a visible and obvious change in traditional health practices by transforming the production and distribution of traditional health remedies. Nguyen Phung Ngoc and Ayo Wahlberg bring the complex story of the "modernising" encounter between Vietnamese Traditional Medicine and Western commercial pharmaceutical practices into the twenty-first century and demonstrate that the Vietnamese medical encounter with the West is a continuing story that can hardly be confined to the temporal framework of French Indochina. However, it is quite clear that the colonial encounter, broadly speaking, set the stage for collaboration between the two medical

systems and for the development of Vietnam's present day pluralistic and integrative national health care system. We might go so far as to say that by the beginning of the 1940s, a time when Indochina was threatened with extinction and demands for independence were growing louder, the objectives of the French colonial administration and of certain "traditional" practitioners had converged. This convergence resulted in an ongoing process of invention and re-invention of Vietnamese medicine, a process that has been simultaneously theoretical, political, and social, which was born and constructed within the framework of an assimilating domination that had, at one point, demanded the disappearance of Vietnam's medical traditions and their total domination by one of France's finest civilising gifts to her colonial empire, "her" medicine.

China, or How Much Southern Medicine is Really Northern Medicine?

The French were not the first to claim to have given Vietnam a medical system. Indeed, when discussing Vietnam's colonial encounter it is sometimes forgotten that the Chinese conquered Vietnam nearly eighteen hundred years before France and that China ruled Vietnam for approximately ten times as long as France (111 BCE–938 CE). The Chinese claim to have introduced medicine to the Vietnamese along with other civilised and civilising gifts. This first colonial encounter for the Vietnamese left readily apparent marks on many aspects of Vietnamese culture, including medicine. Indeed, from both a cross-disciplinary as well as historical perspective, the relationship between Vietnamese culture and Chinese culture is an issue that has long been considered crucial for any Western scholar who wishes to understand Vietnam and the Vietnamese (Jamieson 1993). Likewise, a detailed exploration of the question of the depth and breadth of Chinese influence on Vietnamese medicine will set the stage for an understanding of Vietnamese medical practices as Europeans first encountered them in the melting pot of cultures and ethnic groups that formed coastal Vietnam's trading world during the sixteenth, seventeenth, eighteenth and even nineteenth centuries. This encounter devolved into a combative relationship, during the height of the French colonial period, between adherents of French colonial medicine and promoters of local health care practices. This combative relationship was appropriated by nationalists who, in turn, set the stage for the global connections that mark health care in Vietnam and in the Vietnamese diaspora community today.

These connections, including the overlay of Western scientific and commercial procedures that characterise present day Vietnamese Traditional Medicine, bring to the fore the question of whether or not the sort of "pure" Vietnamese medicine that colonial committees and nationalist reformers sought still exists? If it does not exist today, then was it ever a viable option during the French colonial era? Indeed, given that twentieth century French scholars and administrators in Vietnam generally referred to local health care traditions as *Médecine sino-vietnamienne* [Sino-vietnamese medicine][9] did a "pure" *Thuốc Nam* devoid of Chinese influences ever exist? Perhaps Vietnamese medicine has always existed as an oppositional dichotomy: north/ south, east/ west, or local/ global. Simultaneously, as we noted earlier, one of the facets of 1930-40s medical publications made by traditional therapists and drug resellers was to highlight the specificities of Vietnamese medicine against its Chinese filiations (Guénel 2005). For better or worse, conventional wisdom regarding Vietnamese Traditional Medicine was created primarily by French colonial scholars and administrators, many of whom considered that Vietnamese healers were only, at best, capable of imitating their Chinese neighbours and at worst were not even able to read the medical texts of those they were imitating. Indeed, terms such as *Thuốc Nam* and *Thuốc Bắc*, discussions concerning distinctions between the two, and an effort to purify Vietnamese medicine may have become important to Vietnamese intellectuals precisely because colonial committees and administrators tended to view local practices as a mix that contained as much from China as from Vietnam.

The essays in this volume also study this mix and will re-examine encounters with China through changes in the framework of the examination. First will come a recognition that present day geographical boundaries should not be used as a guide for understanding the past since the Han/Chinese and those they called the Yue (the Việt) have interacted and exchanged elements of culture, including medical theories and knowledge, in a vast geographic space that has included much of present day China and present day Vietnam since pre-historic times. C. Michele Thompson's essay presents an overview of medically related exchanges between the Han Chinese and the Yue/Việt in the ethnically and culturally diverse era known as the Warring States period (c. 403-221 B.C.E.) before moving on to a discussion of medically related interactions between the ethnic Việt and their Chinese overlords during the period of, first, indirect Chinese sovereignty (111 B.C.E.-40 C.E.) and then direct Chinese rule over the territory which is now northern Vietnam, 43 CE to 938 C.E. This defining relationship between Vietnam, the Vietnamese and their culture

and China and the Han Chinese and their culture has been examined from the angle of art, economics, literature, music, politics, religion and also medicine (Reid 1994; Woodside 1988; Dương 1947-50). In general the presumption is that China influenced Vietnam tremendously and that Vietnam influenced China little if at all. Thompson shows how in at least one area, exchange of information on *materia medica*, the Vietnamese were equal partners in what was a two-way rather than a one-way exchange. The raw materials of the international trade in aromatics and spices have been an integral part of economic, medical, and cultural exchanges between the Han Chinese and the numerous peoples of the "South" since at least the Warring States period (475-221 BCE).

Even after Vietnam regained its political independence, the royal dynasties of Vietnam continued to have a close, if sometimes difficult, relationship with China, and Vietnamese intellectuals occupied a zone of ambiguity, in terms of cultural boundaries, between elements of Chinese culture and those that were specific to Vietnam (Kelley 2005). There was a regular and formal exchange of medical texts, *materia medica*, and medical practitioners within the tributary relationship between China and Vietnam from the time of Vietnamese independence up until the tumultuous years encompassing the French colonisation of Vietnam. The two most famous figures in the history of Vietnamese Traditional Medicine, Tuệ Tĩnh and Lãn Ông, lived during the era in which the Vietnamese were proud to be part of the cultural sphere of China and equally proud of their own political independence and their own cultural heritage. It was one of these men, the Buddhist monk Tuệ Tĩnh who first asserted the superiority, for the Vietnamese people, of the *materia medica* of the South and both of these men valued and promoted indigenous pharmaceuticals and indigenous traditions. Thompson's essay suggests that Tuệ Tĩnh's career can be seen as emblematic of the medical relationship between the Han and the Việt.

The period of Lãn Ông's life was a time of considerable turmoil in Vietnam and also a period when European traders, missionaries, and adventurers added to the multi-cultural and multi-ethnic mix of peoples present in Vietnam during the eighteenth century. This milieu included clear and visible evidence of the Vietnamese cultural inheritance from China, including medically related exchanges between the Chinese and the Vietnamese, and Vietnamese health care practices and beliefs and information regarding their concepts of the body can be found in the texts written by early Europeans travelling through, or resident in, what is now Vietnam (Dror and Taylor 2006). In these texts, and in texts written by pre-colonial European observers during the early years of colonisation one

finds the interest in, and admiration of, the indigenous medical practices previously noted. There is an interesting semantic point that is also evident in these early texts. Instead of referring to indigenous practices as Sino-Vietnamese or Sino-Annamese, thus linguistically labelling local medical care as mixed with Chinese, these early observers refer to local healers and their medical procedures as *médecine annamite*, with no term indicating China used as a modifier. Perhaps a thorough examination of these texts written by outside observers will reveal some distinction which existed at the time between the two systems of medicine; some practices or ideas that are clearly Vietnamese, purely *Thuốc Nam*, and, conversely, perhaps some elements that are exclusively Chinese and thus *Thuốc Bắc*.

The texts from this time period, both Vietnamese and Western, clearly indicate a second angle through which to re-examine the "encounter" between Chinese and Vietnamese medical beliefs and practices. Historically, this meeting has been no more limited in time than in geographic space. Indeed, this has been and continues to be an ongoing encounter. If whatever mixing and blending that occurred began well before the Chinese conquest of the Red River Delta and its surrounding territory then medical issues such as SARS, Avian influenza, and an active cross border trade in medicinal plants indicate quite forcefully that this contact and exchange continues into the twenty-first century. Even those essays in this volume which examine the time period of the French Colonial Encounter or the Global Encounter also illustrate the continuity of the Chinese Encounter. As late as the end of the twentieth century nuances in the Chinese and Vietnamese view of the bonds of kinship which link the dead, the living and the unborn subtly shape the response of infertile couples in Vietnam to infertility treatments. As for twentieth century Vietnamese traditional healers and their encounters with Chinese medicine, one of Đoan Ngộc Tram's childhood memories is of learning the Chinese names for many of the medicinal herbs her father gathered. As for Vietnamese immigrants living in Montreal, the distinction between *Thuốc Bắc* and *Thuốc Nam* is seemingly not made—since they systematically use the first term to describe their practices of consumption of medicines. This does not mean, however, that they do not speak with great pride of "their own" traditional Vietnamese medicine. A pure system of medicine is, most probably, a dead one created through an artificial isolation forcibly imposed upon it. The essays in this volume will show that Vietnamese Traditional Medicine is alive, well, and adapting to the challenges of the twenty-first century in ways that Tuệ Tĩnh could never have imagined, but might well have approved of.

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