

Learning Chinese: Feasibility, Desirability, and Resistance

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It is generally recognized that a knowledge of Chinese is beneficial for students of Chinese medicine. Until now, however, schools have provided little or no language training, and the few students who have learned Chinese have done so on their own initiative. In this presentation, I argue that the question of learning Chinese is one of the major issues in the transmission of Chinese medicine that, like all the linguistic issues, tends to get ignored. The question of learning Chinese deserves attention because it may be more feasible and more beneficial than has hitherto been thought. What is more, it has been in certain people's interests to ignore this fact, and to give no encouragement to the learning of Chinese.

The preceding papers have made the point that the West has not realized the need for gaining linguistic access to primary East Asian medical sources. In this paper, I therefore promote the idea of learning Chinese or other East Asian languages.

As I have said before, although there are Japanese, Korean, and Vietnamese variants of Chinese medicine that can be studied in the languages of those countries, Chinese is the most important language for studying East Asian medicine because the other traditions are based on the Chinese and use Chinese terminology.

People involved in the transmission of Chinese medicine, that is, translators and teachers with linguistic access to primary sources, admit that learning Chinese would benefit students of Chinese medicine. Nevertheless, it is quite clear that Chinese medical educators consider inclusion of Chinese in school curricula to be an impracticable goal, and consequently there is little discussion of the question. No school has so far developed language teaching to a level that would enable students to read Chinese medical texts with ease. People tend to regard Chinese as an incredibly difficult language to learn and do not really see the benefits of doing so.

This view is quite misguided. I believe that learning Chinese, especially for the limited purpose of gaining access to East Asian medical literature, is easier than many people think. I also believe that not only the individual student or practitioner but the community of Chinese medicine as a whole has much more to gain from it than is commonly thought.

I propose that linguistic access is a feasible goal. Indeed, over recent years, more and more individuals have taken the initiative to learn Chinese, and I think it is time to nurture this trend.

I would like therefore to look at the proposition in detail. How feasible is it for people to learn Chinese? How desirable is it? It is only by comparing the effort needed to achieve the

goal and the advantages of achieving it that we will have a clear idea of whether it would be worthwhile or not. In other words, we have to compare what we put in with what we get out.

I wager that anyone giving serious consideration to this issue is likely to come to the conclusion that it is not pie in the sky, but is a goal really worth pursuing. It has not been pursued on the one hand because the benefits have not been made clear enough, and on the other because it is perceived as a threat to vested interests.

The first question I wish to deal with is how feasible it is to learn Chinese. One thing to bear in mind is the scope of language access we need to acquire. Our aim is to put knowledge of Chinese to the benefit of the development of Chinese medicine. We need primarily a knowledge of Chinese for the purpose of studying medical Chinese. We do not need to be full-blown sinologists capable of deciphering ancient inscriptions. We do not need to be able to speak Chinese fluently enough to pass off as Chinese. We just need to know Chinese medical Chinese.

The Feasibility of Learning Chinese

To describe the effort anyone has to put in to learn Chinese, I must present some basic facts about the Chinese language.

China is a huge country with millions of people, constituting roughly one fifth of the world's population. There are many different dialects, many of which are so mutually unintelligible that linguists have to admit that they are really separate languages. A person from Běijīng speaking Mandarin, or Pǔtōnghuà as it is now called, will barely understand a word of the dialects spoken in Guǎngzhōu in the South, Fújiàn in the South-East, or even Shānghǎi on the Eastern seaboard. The differences in the dialects are in some cases merely differences in pronunciation of words, but there are differences in vocabulary and differences in grammar, too.

At present, everyone in the People's Republic of China and in Táiwān learns Mandarin. Nowadays, it is usually only elderly people who cannot speak Mandarin.

In contrast to the dialectal differences in the spoken forms of Chinese, the written language has always been relatively unified. The modern written language is essentially based on the dialect of Běijīng. Although Chinese people may speak different dialects, they all essentially write the same language. Speakers of dialects that differ very much from Běijīng write more or less as Běijīng people because they would often find it difficult to put some elements of their own speech into writing.

Pǔtōnghuà is the modern lingua franca of the entire Chinese area. But the written language also plays a role—has always played a role—in overcoming linguistic boundaries. The Chinese script, although containing certain phonetic elements, is tied to the spoken Chinese of no geographical region of China of the present or of the past. Whatever the variations are found in the spoken language and whatever changes have taken place in spoken Chinese over the centuries, the script has remained relatively stable for at least two thousand years.

Since the founding of the People's Republic, the written form of many characters has been simplified. Yet the identity of the script remains essentially the same.

In our modern European languages, we are still using the same script that the Romans invented over 2,000 years ago, but our script does not give us the same access to the past, essentially because it is phonetic. The Roman alphabet represents the sounds of a language, and of course it can be used to represent different languages. We can “read” ancient Roman inscriptions in the sense that we can pronounce them after a fashion, but we have to learn Latin to make sense of them.

The Chinese script is different because it has symbols for whole words. It works more like Arabic numerals, which are written symbols that are not tied to any given language. Arabic numerals are now used by virtually all literate people across the planet, even though they are pronounced differently in each language.

Our different ways of writing are molded to the needs of our languages. English really needs a phonetic script. We could not do with a symbol to represent the verb *speak*, for example. Because our language is inflected, we need to make the difference between *speak*, *speaks*, *spoke*, etc. Chinese has no inflections, so *speak* as any other word can be represented by one invariable word symbol, or logograph.

The logographic nature of the Chinese script enables us to read much older texts than our phonetic script allows us to do in European languages. Although the pronunciation of Chinese words has changed dramatically over the centuries, the logographic script enables us to read and recognize the same word in very old texts.

The pronunciation of Chinese words is not the only thing that has changed. The Chinese language has changed in its grammar and in its lexis. As a result, reading ancient texts is more difficult than reading modern texts.

The development of the language is broadly divided into three: Old Chinese, Middle Chinese, and Modern Chinese. Despite the differences between these three, writing for centuries followed the patterns of classical Chinese, which was the written form of Old Chinese. It was not until the 20th century that a written language remodeled on the vernacular replaced classical Chinese as the normal way of writing for general purposes.

When one learns Chinese, one only has to learn one language in several forms: classical, literary, and modern. Nevertheless, by doing so, one gains access to over 2,000 years of culture.

It is useful to compare this with the development of our own language. Of all the major European languages, English has undergone the greatest and most rapid changes since its beginnings in the early Germanic settlements in Britain fifteen centuries ago. Yet for the modern English reader, Chaucer’s 14th century Middle English is unintelligible without a modern translation to compare the original texts with. And to read the earliest extant writing in Old English, *Beowulf* of the 8th century, we have to learn effectively an entirely different language and vocabulary—another language as distant from our own as modern German.

By comparison, the *Zhūbìng Yuánhòulùn* of the Suí Dynasty, almost contemporary with *Beowulf*, is as clear to a modern Chinese as Charles Dickens is to us, and the language of the much older *Huángdì Nèijīng*, though more difficult, is nevertheless approachable. The changes in the language and in the Chinese world mean that a great deal of study is necessary to gain a

deep understanding of ancient texts, but the modern Chinese reader has immediate linguistic access nevertheless.

The nature of the Chinese language is of great significance in the context of Chinese medicine. As everyone probably realizes, Chinese medicine, such as we know it today, has a history of over two thousand years, and the traditional study of Chinese medicine of the literate tradition involved gaining a broad knowledge not only of the contemporary state of the art, but the whole of medical thought right back to the *Huángdì Nèijīng*. As one might easily imagine, the nature of the writing system contributed to the maintenance in China of a very conservative approach to medicine.

Even though the literature of East Asian medicine spans millennia, we have only to learn one language to gain access to all of it. The effort to learn Chinese rewards us with access to the whole gamut of Chinese medical literature.

The nature of the Chinese language is such that it gives us full access to the 2,000-year heritage of Chinese medicine. Not only that, it also makes things relatively easy for the person wishing to learn Chinese exclusively for medical purposes. To explain this, I have to describe other features of the Chinese language.

Although Chinese is reputed for being extremely difficult to learn, it is less well known **in what respects** it is difficult. If we look at the different aspects of the Chinese language—its sounds, its grammar, its words, and its script—we find marked differences in the level of difficulty they create for us.


The main phonetic characteristic of Chinese that is difficult for speakers of European languages to master is its tonality. Each Chinese word has a set pitch (*lā, lá, lǎ* or *là*). A variety of pitches are observed in English also, but they serve the function of intonation, that is, the expression of emphasis, doubt, surprise, etc. It takes a little time for speakers of English to get used to the idea of tones being used to distinguish different words. In Pǔtōnghuà, for example, *mǎi* means to buy and *mài* means to sell. Nevertheless, for those learning Chinese exclusively in order to read medical texts, aural comprehension and accurate pronunciation are not high priorities.

I would guess that if any Western reader has learned a foreign language, it is probably a European language. Anyone who has learned French or Spanish knows that the most difficult thing is the grammar. Since about half of the vocabulary of English has been borrowed from French and Latin, we find that learning the vocabulary of French or Spanish is not too difficult. The hard part lies in learning the grammar.

French and Spanish have nouns that are masculine or feminine, and adjectives that have to agree with them. Much more difficult is the complicated verb system, in which each verb has about sixty different endings! Anyone who has learned German, Russian, or Latin has had to cope with not only genders of nouns but also different noun endings depending on whether the noun in question serves as the subject, object, indirect object, or has some other function in the sentence. Furthermore, German and Latin follow word-order patterns that are very different from those of English and extremely difficult to get used to.

The student learning Spanish has quite a lot to memorize. For example, the verb “to love,” *amar*, has scores of different endings depending on person, tense, mood, and voice. In the table below, I have listed just 48 of them. In fact there are quite a few more than those listed.

The Spanish Verb Amar, To Love

Indicative		
Present	Future	Conditional
amo I love	amaré I will love	amaría I would love
amas you love	amarás you will love	amarías you would love
ama s/he loves	amará s/he will love	amaría s/he would love
amamos we love	amaremos we will love	amaríamos we would love
amáis you love	amaréis you will love	amaríais you would love
aman they love	amarán they will love	amarían they would love
Chinese		
		ài
Subjunctive		
Present	Imperfect	Imperfect
ame I love	amase I loved	amara I loved
ames you love	amases you loved	amaras you loved
ame s/he love	amase s/he loved	amara s/he loved
amemos we love	amásemos we loved	amáramos we loved
améis you love	amáseis you loved	amárais you loved
amen they love	amasen they loved	amaran they loved

Notice that in a spare space in my table, I have inserted the Chinese character meaning “love” together with its pronunciation. The Chinese word *ài* is completely unvariable, and it is sometimes combined with other words to cover all of the senses in Spanish. The written form of the word is a complex structure, but no more complex than that of the Spanish inflections. If this is representative of the comparative degrees of difficulty of Spanish and Chinese, I leave it up to the reader to decide whether Chinese is actually much more difficult.

I am very sure, however, that if we were talking about the transmission of a unique body of medicine developed by Spanish speakers, then far larger numbers of people would entertain the idea of learning Spanish to get a better grasp of the subject. Whether we consider a language easy or difficult—especially before we have even attempted to learn it—is quite a subjective matter. And I think people may think, quite unfairly, that Chinese is much harder to learn than Spanish or any other European language.

As I said, the greatest difficulty in learning European languages lies in learning the grammar. When we learn Chinese, on the other hand, we find grammar is almost a negligible problem. The patterns of the spoken language or the classical language can be described quite briefly in a

few pages, as I have done in two books.^{1,2} When I began to learn Chinese over 20 years ago, I picked up *Lǎo Zǐ*, and started looking the words up in a dictionary. I did not even look at a grammar book. Chinese follows a basic subject-verb-object order like English, and once one understands the words, one can very often make sense of the sentence without a grammar book.

It is in understanding the words that the difficulty of Chinese lies. Memorizing Chinese vocabulary is not particularly easy. Apart from a few loans, Chinese words are completely unrelated to our own. Chinese words are not easy to remember, and of course there is the added problem of the tones that I have already mentioned.

But the other snag with Chinese words lies in being able to recognize them on paper. The script is complicated to say the least. This is usually what people mean when they say Chinese is hard to learn.

Alphabetic writing, which the modern European languages inherited from Rome, is essentially phonetic. English is a bad example, because English spelling is not a reliable indicator of pronunciation as is, for example, German or Italian spelling. Many of our English words in fact reflect the pronunciation they had several hundred years ago. We just have not bothered to change the spelling.

Chinese differs greatly from alphabetic writing. Although large numbers of characters contain phonetic elements, the script is still basically logographic.

All scripts developed out of pictures, but when it came to attempts to represent human speech in pictures, lots of problems arose because language does more than present series of images. The solution to the problem was found in using the pictures phonetically.

The Egyptian hieroglyphs include very clearly recognizable pictures of birds and animals and artifacts, as well as more stylized things. Western scholars had always assumed that these hieroglyphs were pictographic or ideographic representations. It was the discovery of the Rosetta stone that allowed linguists in the early 19th century to determine from the trilingual text inscribed on the stone that the pictures were used sometimes for their picture value and at other times for their phonetic value. In other words, it is as if a picture of an owl could be used to mean “owl” and also to represent the initial sound of the word “owl,” which in Egyptian is the sound [m].

Other scripts developed in Semitic languages also followed the same shift from representing images to representing sounds. And our fully phonetic Roman alphabet is actually derived from these.

Chinese also began with simple pictures. But instead of infinitely inventing new pictures for each different word, people began to borrow characters to represent words of similar sounds. This often lead to confusion, but confusion was avoided by adding new elements to the characters to signal some basic facet of the new applications. Thus, for example, when 工 *gōng*, meaning “work,” was borrowed to represent a large river, three splashes of water 氵 were added on the left-hand side to signal a new meaning that had something to do with water: 江. This

became the most commonly used method of character creation. The vast majority of characters are composed of a phonetic element combined with a semantic agent in this way.

While scripts in the Middle East, from which our alphabet originally came, eventually broke away entirely from representing meanings and developed methods of representing sound only, Chinese has remained in a limbo half way between. It has long been neither entirely pictographic nor entirely phonetic. In fact, the sound changes that have taken place over the centuries have made the phonetic elements less reliable. In modern Pǔtōnghuà, the word 工 *gōng*, meaning “work,” which I just mentioned, is quite different from that of the word meaning river, 江 *jiāng* (although they are close in southern dialects that have developed less rapidly than the northern dialects).

Each Chinese word is represented by a separate character, but the composition of each is certainly not entirely arbitrary. The character 工 and the water signfic, for example, recur as elements in hundreds and hundreds of characters. Chinese characters are largely combined out of familiar elements, very often with one of the elements suggesting the sound.

Anyone wishing to learn Chinese to be able speak it fluently and be completely literate has a task ahead them. But today we are not talking about learning Chinese to such a level. We are only talking about learning Chinese to a level to gain access to medical texts.

And here again the nature of Chinese makes things surprisingly easy. To learn French or German, as I said, requires learning lots of grammar. Even if one only wishes to read medical texts in French or German, one still has to master the grammatical complexities. In Chinese, there is very little grammar to learn. A few hours of instruction is probably enough to keep one going for quite a while.

To learn East Asian medical Chinese, one needs little more than to learn the vocabulary used in Chinese medical Chinese. How much vocabulary there is to learn is difficult to say with precision. When we were working on the *Shāng Hán Lùn*, we included a language section containing a character frequency analysis. We found that the *Shāng Hán Lùn* contained only about 900 character types.

Knowledge of far fewer than 900 characters carries the beginning student a long way: quite astoundingly, the 50 characters most commonly appearing in the text account for nearly 50% of the total text; the 100 most commonly appearing characters account for nearly 70% of the text; and the 150 most commonly used characters account for almost 80% of the text.

Of course, the language of the *Shāng Hán Lùn* is not to be compared with the language of Chinese medicine as a whole. Nevertheless, on an analysis of four thousand terms constituting the main entries of a smaller dictionary of Chinese medicine, we found exactly the same pattern recurring as in the *Shāng Hán Lùn*.

In a list of 4,127 single-character and compound terms composed of 1,515 character types (individual characters) and 11,290 character tokens (occurrences of characters), the fifty character types most commonly occurring in fact account for 34% of all tokens. In other words,

if our 4,127-term list is comprehensive and representative, then 50 characters account for one-third of the whole terminology.³

The hundred characters most commonly occurring account for nearly 50%. This means that if one knows 100 characters, one can read half the terms of Chinese medicine. Of course, one needs many more to read the other half. And one also needs a few extra characters to read the non-technical language in which the terminology is couched in Chinese medical texts. Nevertheless, the point is that difficult though the Chinese written language may be, what one needs to know to be able to start reading Chinese medical texts is not so much.

Type to Token Ratios According to Frequency

Characters 1–50 account for 34.907% of 11,290 tokens.
Characters 1–100 account for 48.175% of 11,290 tokens.
Characters 1–150 account for 57.555% of 11,290 tokens.
Characters 1–200 account for 64.216% of 11,290 tokens.
Characters 1–250 account for 69.353% of 11,290 tokens.

A little effort to master even 50 or 100 characters is enough to give anyone the exhilarating sensation that the linguistic barrier is not a huge mountain but just a high wall. And in actual fact, a high wall with a ladder leaning against it to help them over. Considerable effort has already been put into creating literature especially to help those learning Chinese for the purposes of gaining access to Chinese medical literature.

There has been a large increase in interest in the Chinese language over recent decades, and there is now a wide selection of general Chinese-learning materials available. But for those who wish to learn Chinese for the purposes of accessing Chinese medical texts, these general learning aids are not an efficient way of achieving the purpose.

Paul Unschuld has produced a two-volume textbook called *Learn to Read Chinese*.⁴ Bob Flaws has produced one entitled *Teach Yourself to Read Modern Medical Chinese*.⁵ I and my colleague Féng Yè have produced two textbooks.^{2,6}

In sum, Chinese is difficult to learn, but the difficulties have been exaggerated, at least as far as learning it for the purposes of gaining access to information in a particular field. The grammar is very easy; the real problem is with the script. Chinese medical terms are composed of a fairly limited number of characters. Students who concentrate on learning these characters gain the ability to read Chinese medical texts in no time at all.

The Advantages of Learning Chinese

I have presented the case that Chinese can be relatively easily learned. This is in fact a secondary issue. Languages may vary in difficulty, but they are all basically learnable.

The more important issue is what we have to gain by learning Chinese. In my previous presentations, I emphasized the importance of language acquisition in the process of transmitting

a complex body of knowledge. I have mentioned many of the advantages of learning Chinese, and here I present them more systematically.

- **The more the people that know Chinese, the greater the Western Chinese medical community's access to vast primary sources of East Asian knowledge.**

Access to a huge amount of clinical experience: Most of the traditional literature of Chinese medicine is highly practical in content. Access to primary East Asian sources means a far bigger library available, a far larger core of experience for students to refer to.

Greater linguistic access means fewer misunderstandings: Knowledge of Chinese would reduce misunderstandings about Chinese medicine. The continuing confusion that results from mistranslations and misexplanations, such as I showed in the realm of “sedate” and “qi,” would slowly disappear. If more people knew Chinese than at present, it would not take twenty years for someone to realize that some non-Chinese ideas, such as the contraindication against the needling of the extraordinary vessels, had entered the pipeline.

Greater linguistic access means a clearer general conception of what Chinese medicine is: People would also have a much clearer idea about what constitutes “Chinese” medicine and what constitutes a variant of Western inspiration such as the package that Beinfield & Korngold are marketing.

- **The more the people that know Chinese, the greater translation potential we have.**

Most people who take the effort to learn Chinese to gain more information about Chinese medicine are usually keen to pass on their knowledge to other people. And they are usually keen to test their skills at translation. Increased translation would mean a much larger amount of English literature and a much broader array.

- **The more the people that know Chinese, the higher the level of scrutiny and criticism of literature placed on the market.**

With greater knowledge of Chinese, it would be less easy for people to publish material labeled as East Asian medicine that in fact does not represent the Chinese medical tradition. Writers would be put on their toes, and in fact we would probably see a natural decrease in writing by people with no linguistic access to primary texts.

- **The more the people that know Chinese at the advanced level, the greater the stimulus.**

While it would be difficult to insert Chinese language study into the curriculum of a private Chinese medical college, it is much more feasible in the university environment. In particular, it could very easily be instituted in advanced degrees (Masters, PhD). In this framework, a basic knowledge of Chinese, I suggest, would not even have to be taught as a subject. It could simply be demanded as an entrance requirement. The learning aids for Chinese are now sufficient that students could quite easily acquire Chinese by self-study. The benefits of making Chinese compulsory at the advanced level would be twofold.

First, research would be greatly stimulated. If masters degree and PhD students had access to primary sources, the range of topics that could be investigated would be far greater. With the

full range of Chinese medical literature available, there would be opportunities to study the historical development of Chinese medicine, traditional theories, and a whole wealth of clinical literature.

Second, general teaching standards in Chinese medicine would rise. Learning Chinese in advanced-level Chinese medical studies would set the standard for academic accomplishment. It would mean that all the top-qualified people in the field have access to primary sources, just as all the top people in any field of international learning know English (or another major European language). Once higher degrees became a requirement for teaching posts in schools, then teaching of Chinese medicine could potentially rise to new standards of quality.

- **The more the people that know Chinese, the easier it would be to standardize terminology.**

Currently, the lack of a standardized terminology constitutes a major obstacle to the development of Chinese medicine in the West. People who learn Chinese and gain access to Chinese-language literature naturally consider Chinese to be the most accurate expression of Chinese medical knowledge. Once they know Chinese, they usually become reluctant to read English literature because they do not consider it reliable. Such people are very open to the idea of a standardized English terminology of Chinese medicine. Greater linguistic access to the source would help to increase awareness of the terminological issue.

- **Other advantages:**

Greater linguistic access to the source would give the non-MD Chinese medical community a much stronger grounding in the traditional practice of Chinese medicine. Such a grounding might enhance their status vis-à-vis the MD practitioners of Chinese medicine who claim that their knowledge of Western medicine makes them more qualified to apply any form of healing.

A solid effort to gain linguistic access to primary literature would win a great deal of respect in China, where there is a tendency to believe that Westerners are unwilling or unable to learn Chinese medicine in its original form. There is a wide-spread impression that Westerners will only be able to understand a modernized, scientized Chinese medicine that is integrated or integrable with Western medicine. As one Chinese writer said, “Even though Chinese medicine is a theoretical system based on the classics, we cannot present it abroad in the form it had two thousand years ago.”⁷ Actually, this represents a confusion between “Westerners” and “Western scientists.” Of course, the international scientific community is unable to accept many traditional medical concepts, but this is not to say that Westerners cannot understand Chinese medicine. There have been quite a few people, including myself and colleagues, who have focused on presenting East Asian medicine in its original form. Once the Chinese medical community of China realized that increasing numbers of Westerners are gaining a sound knowledge of Chinese, it would soon adapt by providing new opportunities for study in China. Instead of simply providing short courses in practical acupuncture as many schools in the PRC have done, a greater range of study opportunities for more advanced students with a knowledge of Chinese would be likely to appear.

Last but not least, greater attention to learning Chinese in the Chinese medical community might stimulate useful exchanges with sinologists. Manfred Porkert, Nathan Sivin, and, more

than any other, Paul Unschuld have exerted a powerful influence over the reception of Chinese medicine in the West, but their work has not attracted as much interest as it might have done. A more widespread knowledge of Chinese among students and practitioners of Chinese medicine might widen their interests beyond the mere clinical and thereby find greater value in the work of sinologists. On the other hand, a deeper knowledge of Chinese medicine based in traditional literature might provide stimulus to sinologists interested in medical aspects of East Asian culture. Exchanges between sinologists and scholars from the world of Chinese medicine have begun to take place over recent years, and this framework could be fruitfully developed in the future.

In short, by increasing linguistic access, we would generate more reliable information from reliable sources, and at the same time reduce the amount of unreliable information. Making Chinese a compulsory part of, or better still, a requirement for advanced study would at once provide greater possibilities for research and increase teaching standards. Furthermore, a more widespread knowledge of Chinese would vastly increase what people could learn through visits to China, and it would also facilitate scholarly exchanges with the world of sinology.

Why Have We Failed to Identify the Need for Linguistic Access?

The English-speaking world is in many respects culturally insular. It has more speakers, more economic and political power, and more creativity than any other single language community in Western civilization. This is why English has become the most important language in international communication.

This situation is of course very convenient for English speakers. Everyone learns our language, so we can speak our language almost everywhere we go. But it does not provide a great deal of impetus for English speakers to learn foreign languages. And it also tends to hide from us the importance of language in cross-cultural communication.

When two cultural communities wish to establish communication, they have to have a common language—the language of either one or the other of the two communities, or the language of a third community. When the choice is between the language of the one community or the other, it is virtually always the language of the politically, economically, and culturally dominant community that is chosen. It might be true to a certain extent to say that the strong community imposes its language on the weaker community. However, the reason why the weaker community gives in is that it is keen to learn the ways of the stronger community, and gaining access to its language provides the easiest means of access.

This is why the Romans learned Greek, and why Europe learned Latin and later French. It is also why over the last couple of hundred years, with the rise of the British empire and then the emergence of the United States as the most dominant world power, English has begun to emerge as the most important international language of the West and of the world in general.

However, dominance of the languages of the fittest is certainly not the only rule at play.

In the modern sciences, the use of any particular language is a matter of convenience, not a matter of necessity. Scientific knowledge makes use of clearly defined concepts for which expression can be found in any language. French and German speakers, and speakers of smaller

language communities, have shared in the development of the sciences. With the decline of Latin, we have all tended to use our own vernacular. The German or French terminology of Western medicine, for example, is not inferior to English. Although German- and French-speaking doctors learn English to be able to communicate outside their own language communities, any text can be translated into French or German with no loss of information.

In nonscientific fields, the picture is different. In creative literature, for example, non-English-speaking people who study Shakespeare cannot do so seriously unless they can actually read Shakespeare in the original English version, because anything that can be said about a translation of Shakespeare in any language is a comment not about what Shakespeare wrote, but about what the translator wrote.

The present cultural dominance of the English-speaking world tends to make the whole world more interested in English literature than that of any other language. But that does not make English a satisfactory vehicle for studying non-English literature. Even in a rigorous field such as philosophy, it is considered essential to be able to read German or other European languages. Bible scholars learn Greek and Hebrew to gain access to original texts.

Chinese medicine is not a science in the modern, strictly defined sense of the word. Terms do not have the clearly defined relationship to objects and concepts as they do in the sciences. The scholarly study of traditional East Asian medicine (as opposed to any modernized version of it) is ultimately tied to Chinese, and will always be so.

Of course one can learn about East Asian medicine in English and practice it. Nevertheless, to gain a deeper and broader knowledge of it requires learning Chinese. As I have said, there is still much more literature on the subject in Chinese than there is in English. To argue the opposite case is to imply that Chinese medicine has arrived in the English-speaking world fully intact and complete, that is, as a precise mirror image of what it is in East Asia. This is not the case. What we have so far is only the tip of the iceberg.

For a body of knowledge to be transmitted across language frontiers, it is not necessary for everyone to have full access to primary texts. In the PRC and Japan, for example, students learn Western medicine through the medium of their own language. They can do so, because there is a reliable mechanism for translating information from abroad. Nevertheless, scholars and teachers in medical colleges all need to have the ability to read English to keep abreast of world developments. Many of the advances in medicine come from the English-speaking world, and the fact that English is now the world language of scientific interchange means that speakers of other languages present their findings in English to gain international recognition.

In any field, scholars wishing to make their own contribution have to be familiar with the full body of extant knowledge of the subject. In many fields of learning, scholars often have to know one or more foreign languages to keep abreast of developments, especially when their native language is not English. In Chinese medicine, the bulk of the literature is in Chinese and other East Asian languages. Yet in the English-speaking community of Chinese medicine, many are considered authorities who have no access to primary East Asian sources.

In Chinese medicine, we are still quite a long way from having a basic mechanism for presenting information in English. We still have no standardized terminology pegged to the Chinese, which would provide the basis for the reliable supply of information through the medium of translation.

A standardized terminology would improve on the present situation as regards information one hundredfold, but the very achievement of the goal of standardization would require a lot more people having access to Chinese texts for the need for greater terminological rigor to be fully recognized. Given the nature of Chinese medical terminology and concepts, it would not be possible to achieve such precise terminological matches as exist between languages in the precise sciences.

Even if we were to agree on a unified terminology today, we would still be lacking the human resources needed for large-scale translation of Chinese medical literature, because there are still too few people who have adequate knowledge of English and Chinese and adequate familiarity with the subject matter. To increase translation, we need to have more people learning Chinese.

And even if we had produced large quantities of adequately translated text, a knowledge of Chinese would still be necessary for those wishing to pursue research in the traditional theory and practice of Chinese medicine.

At all levels and steps of the transmission process, from developing a standardized terminology and performing translation to the highest degree of access for research purposes, Chinese cannot be dispensed with. Chinese can only be dispensed with when we decide that there is nothing more in the Chinese barrel that is of any value or interest. I suggest that too many people, out of sheer lack of linguistic access, actually assume that point to have already been reached!

Our current education system in Chinese medicine is primarily concerned only with passing on currently available knowledge. It is not concerned with increasing knowledge. In Chinese medicine, one of the main ways in which we can increase our knowledge is to increase our access to primary sources. Current East Asian medical education does not provide any mechanism for attaining this goal.

I believe that every student of East Asian medicine would benefit by learning Chinese. Of course, many students would fail to attain the ability to read medical texts fluently. Experience in Táiwan shows that even when the standard textbooks of Western medicine are English rather than Chinese, many students manage to get through their studies without being able to read English fluently, and by having to rely on the unofficial Chinese texts and student notes. Modern education works on the principle that students have to learn a whole variety of subjects that they easily forget after they leave school and never take up again. Everyone learns geometry, and I imagine that 95% forget most of it when they leave school. Even most doctors forget their anatomy. Educators work on the principle that a hundred seeds have to be cast to get just a couple of trees.

In actual fact, not everything is forgotten that is not used. We gain intangible benefits even from knowledge that we never apply. We might, as a society, have a different view of the world if geometry were taught only to those who were going to make use of it in their professional life.

The intangible benefits of language learning in the study of Chinese medicine are potentially immense. The study of Chinese, especially if combined with the study of the history of East Asian medicine and general history of China, would help to shape students' understanding of medical practices that have their root in an unfamiliar culture.

The Western community of Chinese medicine has not seen the need to learn Chinese and has not actively encouraged students to do so. People who do not know Chinese cannot really imagine the benefits. Yet those who do have linguistic access to primary literature do know the advantages. I have met no student or practitioner of Chinese medicine on the planet who has learned Chinese and thereby gained access to primary literature who has ever regretted it, or who has confessed to being more confused than ever, or who after having gained access to the East Asian world thinks that the best East Asian medical practitioners are Westerners. People who learn Chinese soon realize how much more information is available in Chinese than in English.

Why English-speakers have not realized the benefits of learning Chinese may be to some extent due to their linguistic insularity, that is, to the fact that very few of them have ever had the experience of having to learn a foreign language to gain access to anything. Only in specialist fields do English-speakers ever encounter that need. And Chinese medicine has quite wrongly not been identified as being a field with such a need.

Political Resistance

As I have suggested, promoting linguistic access would set higher standards in the field. Including language study in East Asian medical courses would be most likely to make them more expensive, and possibly even longer, than they are now.

More important are the political implications, since promoting linguistic access would mean that the creation of Chinese medical literature and the teaching of Chinese medicine would be increasingly taken over by people with a knowledge of Chinese. In other words, the élite within the field would change. There are important political implications to the learning of Chinese that we cannot simply leave to one side. We have to address them squarely. Promotion of a linguistic interface would go against the interests of individuals who have not faced the language-learning challenge.

As I already said in my opening presentation, it is a fact that in all fields of modern learning, it is customary for people to be acquainted with the relevant literature before they make their own contribution. A scholar's work becomes suspect when found to be deficient owing to inadequate familiarity with the literature. At present, there are many East Asian medical works written by people without access to primary literature. If the learning of Chinese is promoted, writers will be increasingly expected to have a knowledge of Chinese.

A highly source-oriented style of transmission that is fostered by linguistic access to primary sources has major implications for the publishing industry. The pegging of terms to Chinese requires not only bilingual terms lists, but also the inclusion of Chinese characters in almost any

kind of text. With the current low level of access to Chinese, this is a problem that most publishers do not want to deal with. So far, only one Western publisher of Chinese medical literature, Paradigm Publications, has encouraged the introduction of Chinese into English texts and published bilingual dictionaries. Other publishers are beginning to introduce Chinese into their texts, but on nowhere near the same scale.

While getting Chinese script into English literature is part of the process of drawing Western recipients of Chinese medicine closer to the source, publishers are not necessarily rewarded for their efforts. As Bob Felt of Paradigm Publications has said, under the present circumstances, any book containing Chinese characters is unlikely to be chosen as a textbook by schools, because the presence of contents not understood by teachers exposes teachers to the possible embarrassment of being asked questions they cannot answer.

This comment gets right to the core of the political issue. People who are teaching and practicing now might well in their own hearts agree with the idea of linguistic access in principle. Nevertheless, a substantial increase in youngsters with full access to Chinese texts would force them to learn Chinese or else to run the risk of falling in the esteem of the new generation. Their only claim to fame would be considerable clinical experience. This brings me to a most important point.

I have been talking about the linguistic aspects of the transmission of Chinese medicine for more than 20 years. Over this time, I have received considerable feedback from people—unfortunately very little of it through public channels. Comparatively few people know Chinese and have any understanding of or interest in translation issues. No-one has ever put any sound arguments against what I have to say.

Nevertheless, there is a clear general reaction. People tend to see “linguistic issues” in opposition to “clinical experience.” According to this view, people such as myself, who insist on linguistic issues such as term translations, are word-mongers who have no interest in the clinical practice of Chinese medicine.

People are right in thinking that I am not a clinician, but they would be quite mistaken if they thought that I had no concern for the clinical practice of Chinese medicine. My point is that anyone’s experience in Chinese medicine (as opposed to some therapy of their own invention) is experience in the use of a body of theoretical knowledge and practical experience that has a history of two thousand years in China. So far, we have not paid sufficient attention to getting as much of that knowledge and experience as we can.

Clinical experience is important but no-one’s clinical experience is worth as much as everyone else’s put together. No single clinician can possibly see enough patients to outweigh a whole tradition. And that tradition can only be acquired by Westerners when either they all learn Chinese, or enough people learn it to translate enough literature for our needs. Whichever one chooses, one cannot escape the need for a level of linguistic access that so far we have not fully achieved. Unless of course one thinks that we already have enough translated literature.

The fears of those who are not actively promoting language access and who would resist it if there were a move to develop it are understandable. But to resist is unconscionable because it

prevents Chinese medicine from developing its full potential in the West and helps to preserve the marginality of Chinese medicine in Western society.

Academia provides a framework that encourages positive, constructive thinking and fosters our understanding of the world. The freedom of expression it gives is balanced by the freedom of readers to examine writers' evidence for what they say. A clinician's right to self expression is equally balanced by the responsibility to demonstrate benefit. A clinician's claim that his or her therapy is based on a tradition should ideally be supported by the ability to demonstrate his or her access to that tradition.

These issues can be ignored and have been ignored by the non-mainstream privately run colleges of acupuncture and Chinese medicine. But they cannot be ignored in academia. Once fully inserted in the academic environment, Chinese medicine would be under pressure to scrutinize itself. Obvious ways in which it could do this would be to explore the scientific bases of Chinese medical therapy and to develop the potential contained within the traditional body of literature. As I said in my first lecture, we need Chinese not only for the latter but also for the former.

Conclusion

I may be guilty of having exaggerated the ease with which one can learn Chinese. I confess my own experience of the matter is too far in the past. But people do learn Chinese, and do so quite quickly. It can take people as little as a year and half to learn Chinese to a level where they can start translating.

I have certainly not exaggerated the personal rewards to individuals who take it upon themselves to learn Chinese. For one or two years' hard work, the reward is access to a library a thousand times the size of the English-language library.

Nor have I exaggerated the benefits of a concerted effort on behalf of the community to learn Chinese. It would give many more people access to primary sources, and it would be bound to increase translation activity.

And I have definitely not overstated the silent political opposition to such an effort. I hope very much that I am not mistaken when I suggest that Chinese medicine has a much brighter future within academia than outside it.

The proposition that greater linguistic access is required for Chinese medicine in the West has not so far been seriously discussed because it is in the interests of many people not to entertain the idea. I suggest, however, that to expect the successful transmission of Chinese medical information at the present low level of linguistic access goes against common sense and experience in other fields. I suggest that as Chinese medicine assumes a position as an independent field of study in mainstream education, Chinese could be easily introduced into the curriculum, and could with even greater ease be made a requirement for advanced-level studies. I believe the onus of proof should be placed not on those calling for greater linguistic access to explain their case, but rather on those who remain silent and refuse to explain why we need not bother to make the effort. I believe they barely have a leg to stand on.

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