

中医西传:历史的教訓

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英文题目: The Westward Transmission of Chinese Medicine: The Lessons of History

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Although Chinese medicine has gained popularity in the West over recent decades, the transmission of Chinese medical knowledge to the West has not been as successful as it could be. When we compare the westward transmission of Chinese medicine with the eastward transmission of Western science, we find certain essential differences. In China, Western science encountered little resistance from indigenous traditions of learning and was accepted in its entirety without reservation. Successful transmission was ensured by the early recognition that to acquire Western knowledge it was necessary to learn Western languages. The Westward transmission of Chinese medicine has encountered much greater resistance. On the one hand, Chinese medicine is overshadowed by Western medicine, not only in the West, but also in China, and this has influenced the Westward transmission of Chinese medicine at both ends of the transmission. On the other hand, Chinese medicine has attracted Western interest mainly because it has been identified as one of several alternatives to Western medicine. Furthermore, the Western understanding of Chinese medicine has been influenced by the expectation that it should be what Western medicine is not. Western adherents of Chinese medicine have been slow to identify language as the vehicle of knowledge; slow to recognize the need to encourage the learning of Chinese, slow to demand accurate translation from primary sources, and to standardize terminology. This paper argues that although the conditions have not been propitious for the transmission of traditional Chinese medical knowledge, there is growing awareness in the West that adaptations influenced by Western medicine and alternative health philosophies are no substitute for the genuine form of Chinese medicine practiced in China.

雖然近幾十年來中醫在西方國家蔚為流行，但中醫知識西傳卻不如預期的成功。將中醫西傳與西方科學東傳的過程做一比較，可發現某些本質上的差異。在中國，固有的知識傳統對西方科學並沒有太多的阻力，而且毫不設限地全盤接受，更因中國人在初期便有欲汲取西洋的知識必先學習其語言的認知，使西洋的知識得以成功東傳。相對地，中醫西傳所遭遇的阻力則大得多，一方面是因為西醫讓中醫黯然失色，這現象不僅存在西方國家，連中國本身亦如是，這傳播雙方的問題已對中醫西傳造成了影響；另一方面，中醫之所以引起西方國家的注意，主要在於西醫認為中醫是幾個替代醫學其中之一。此外，中醫應是西醫所不足部分的預期心理影響了西方國家對中醫的認識。慢慢地，西方中醫的擁護者認識到語言是傳播知識的媒介、慢慢地認識到需鼓勵學習中文、慢慢地也要求精確的翻譯並將中醫名詞規範化。本文主張雖然種種的情況不利於傳統中醫知識西傳，但在西方已逐漸體認到中醫的適用性受到西醫影響以及各種替代醫療系統都無法取代在中國實行的正統中醫。

Success in the transmission of Chinese medicine is easiest to assess by comparing it to successful actions of knowledge transmission. As well-known example of successful transmission is the transmission of Western medical knowledge to China. The adoption of Western learning began in the mid-19th century when China was economically and politically weak and barely able to resist the incursion of Western powers. China soon understood that the West's political and economic strength was founded on its scientific and technological superiority and that if China was to defend itself, it had to acquire the West's powerful knowledge. Virtually every area of traditional Chinese knowledge was eclipsed by knowledge from the West, including medicine. Western medical knowledge challenged Chinese medicine not only because it offered effective cures, but more importantly because its scientific basis discredited Chinese medicine's theoretical foundations. Those attracted to Western medicine generally held Chinese medicine in scorn; they accepted Western medicine in its entirety and without reservation.

藉由與知識傳播成功的實例比較，很容易便可評估中醫西傳的成敗。西醫知識成功傳入中國便是一個眾所週知的例子，中國開始接受西方知識是在十九世紀中葉，當時中國的政經力量衰微，幾乎無法抵禦西方列強的侵略，中國很快便理解到西方國家政經勢力強大奠基於科技的優勢，因此必須汲取造就西方國家強大的知識才足以保衛自己。包含醫學在內，差不多每個領域的傳統中國知識都因來自西方的知識而黯然失色，西醫知識對中醫的衝擊，不僅在於西醫提供了有效的治療，更重要的，是其科學基礎讓中醫理論基礎受到質疑。那些對西醫感到興趣的人通常都藐視中醫，他們對西醫是毫無保留地全盤接受。

China accepted Western knowledge because it believed national survival depended upon it. China soon recognized if it were to acquire the strengths of the West, its people had to learn foreign languages. From as early as the 1850s, schools were established to teach foreign languages and encourage translation; and soon encouragement was given to Chinese students to study abroad [1,2]. Nevertheless, Western science and technology could only gain wider dissemination in China if the knowledge could be taught in Chinese. This posed the need to develop Chinese technical terms to ensure unequivocal discourse in Chinese. Ever since, the importance of language acquisition in the transfer of knowledge has never declined. Nowadays, all Chinese students learn English and proficiency in English is a prerequisite for advanced degrees most fields of learning.

中國認為國家的存續必需倚賴西洋的知識因而接受了它，很快地就體認到要學習西洋的優點就得學他們的語言，因此早在 1850 年代便設立了外語學校並鼓勵翻譯，不久之後也開始鼓勵出國留學[1,2]。然而，西洋的科學與技術要能在中國廣為散播，唯有用中文來教授，因此必須發展一套可用中文明確表達西洋知識的中文科技詞彙，從此以後，語言的學習在知識傳遞過程中一直扮演著重要的角色。當今所有的中國學生都要學英文，而且要在多數的知識領域修習更高的學位，精通英文是不可或缺的。

When we turn to observe the westward transmission of Chinese medicine, we find an entirely different and much more complex situation. Conditions in the West are not conducive to the total acceptance of Chinese medicine. Chinese medicine is not part of a large package of knowledge that the West has identified as necessary for its economical and political survival. In the era of world dominance of Western powers, Chinese culture and its products have been of interest to a very limited sector of Western society. Chinese medicine is one of a small number of cultural

products (including qìgōng and tàijíquán) that have attracted wide interest in the West during recent decades. To understand the problems of the westward transmission of Chinese medicine, we must understand the bases of its attraction to the West.

回過頭來檢視中醫西傳，我們發現情況完全不同而且十分複雜。西方國家的環境不利於全面接受中醫，西方人認為中醫並非維持政治和經濟存續的知識之一。在西方列強主宰世界的年代裡，西方的社會只有小部分對中國文化及其成果感到興趣。中醫(包含氣功與太極拳)是中國文化成果的一小部份，近幾十年來在西方引起廣泛的興趣。欲明白中醫西傳的問題，我們必須瞭解中醫對西方國家的吸引力是什麼。

Western contact with China long ago brought reports to Europe of the healing arts practiced in China and those parts of the Far East that are under Chinese cultural influence. Acupuncture has held a special fascination, undoubtedly because it is based on the exotic notion of painless piercing of the flesh with needles. Chinese medical therapy, which could barely have escaped the notice of traders and missionaries in China, never attracted the same attention, presumably because it appeared very much like Europe's own traditional of herbal therapy. Acupuncture has traditionally attracted the most attention, and it is not surprising that until very recently it virtually equated with Chinese medicine by Western writers.

西洋與中國接觸，是很久以前有人將中國使用的治療術以及遠東地區受到中國文化影響部分的報導帶入歐洲。針灸之所以有其特別的魅力，無疑是因為基於以針無痛穿刺肌肉的奇特概念。中藥療法，從未如針灸一般受到注意，幾乎被在中國的外國商人及傳教士所忽略，這可能是因為中藥療法看起來很像歐洲固有的草藥療法。針灸吸引了大部分的注意力，對於最近西方作者幾乎將針灸與中醫畫上等號就不感到意外。

Fascination with China's "magic needles," however, does not explain the huge growth in interest in Chinese medicine in the latter half of the 20th century. The reason for renewed interest in Chinese medicine lies in problems arising in Western medicine. Despite Western medicine's great achievements, people are worried by problems such as the lack of personal care due to overspecialization, the side-effects of drugs, and the loss of resistance to disease from the use of antibiotics. Chinese medicine, like the other alternatives to Western medicine that have grown in popularity, is prized for the natural and holistic qualities seen to be lacking in Western medicine. The shortcomings of the West's scientific medicine have attracted attention because they are part of a wider set of problems posed by Western science and technology. People increasingly understand that although modern science and technology have brought wealth and prosperity, they are also responsible for problems such as pollution, global warming, and destruction of the ozone layer. While in medicine emphasis has been placed on killing bacteria, viruses, and malignant cells to the neglect of the longer term advantage of safeguarding the resistance of the individual patient and the human community as a whole, in the wider economic field the Earth's resources have been exploited for short-term advantages to the neglect of the longer-term need to maintain the ecological balance. The history of medicine tells us that the acceptance of a medicine is not directly related to its efficacy, but to the attraction of its underlying ideas and values. Chinese medicine has attracted Westerners in the 20th century because it is seen to possess natural and holistic qualities lacking in Western medicine, and the roots of the desire for these qualities can clearly be seen throughout Western culture within and without medicine.

然而，不能以具有中國“不可思議的針”的魅力來解釋 20 世紀後半葉西方人對中醫的興趣大幅成長的原因。中醫再度受到關注的原因在於西醫本身出現一些問題，任憑西醫有偉大的成就，人們仍擔心分科太細造成的疏離感、西藥的副作用和使用抗生素導致人體自身對疾病的抵抗力喪失等等問題。中醫正如其他在西方國家日益受歡迎的另類療法一樣，被讚揚為天然以及整體性的療法，可彌補西醫的不足。由於西方科學化醫學的缺點是西方科學與技術所造成的廣大問題的一部份，因而廣受社會關注。人們漸漸瞭解到，雖然現代科學與技術帶來富庶與繁榮，但也是造成污染、全球氣溫上升以及臭氧層遭破壞等問題的元兇。在經濟大環境中，忽略了維持生態平衡的長遠利益，而為眼前利益透支地球資源；而醫學則輕忽了病人與人群抵抗力之保障的長期優勢，將重點放在殺死細菌、病毒及惡性細胞上。醫學史告訴我們，某一醫學體系受歡迎不見得與其療效有直接關係，而是其基本觀念與價值觀的吸引力。中醫能在 20 世紀吸引西方人的注意，是因為其天然與整體觀的特質恰是西醫所缺乏的，不論是醫學或其他西方文化都可清楚地看到重視整體觀的原因。

Chinese medicine attracts a segment of the Western population that perceives it as being natural and holistic. It has been argued that neither Chinese medicine nor any other alternative medicine is completely natural or holistic and that Western medicine is not entirely lacking in these qualities [3,4]. The characterization of Chinese medicine as natural and holistic nevertheless exists, and there is evidence to suggest that, by limiting people's expectations of what Chinese medicine is, it has severely inhibited the normal processes of cross-cultural transmission of knowledge.

中醫吸引了部分意識到中醫具有天然與整體觀特質的西方人的注意。中醫和其他替代醫學不全然具備天然與整體性的特質以及西醫不完全欠缺這些特質的問題曾引發爭論 [3,4]。有證據顯示中醫天然性與整體性的特質依然存在，由於人們對中醫的內涵畫地自限，嚴重地阻礙了跨文化知識傳播的正常進展。

Whereas China realized that it could successfully adopt Western learning only if it acquired the linguistic means of access to it, Western adherents of Chinese medicine have not made the same realization. Owing to the absence of Chinese cultural influence, Chinese is not a language widely learned in the West; is a specialty subject taught mostly in universities. Most students entering Western Chinese medical schools have no knowledge of Chinese. However, this has not widely been identified as problem that needs to be solved. It is true that some schools provide brief Chinese-language courses, but no school provides enough language tuition to enable students to read Chinese medical texts fluently. Those who learn Chinese to a proficiency sufficient to translate Chinese medical texts do so on their own initiative. Western students of Chinese medicine go to China to attend courses in Chinese medicine given in English; only rarely do they gain language skills and attend the programs designed for Chinese students.

中國瞭解到只有取得可資利用的語言工具才能成功吸收西方的知識，但推崇中醫的西方人並沒有如此的體認。由於中國文化的影響力不足，中文一般是西方國家大學裡所教授的專業科目，並未廣為西方人所學習。大部分進入西方中醫學校的學生都不懂中文，但一般都不認為此一問題必須解決。確實有些學校提供了短期的中文課程，但沒有任何學校提供足以使學生具備閱讀中文醫籍能力的中文教學。那些精通中文而有能力翻譯中文醫籍的西方人士主動從事相關工作。西方學中醫的學生到中國修習以英文講授的中醫課程，不過很難提昇他們的語言能力以及修習為中國學生所規劃的課程。

The Western community of Chinese medicine has not recognized the importance of language nor faced the linguistic challenge because expectations influenced by the ideals of alternative medicine of what Chinese medicinal knowledge have obscured the need. Westerners like Chinese medicine because they believe it to be holistic and to focus on the whole patient in a way that Western medicine does not. The increasing tendency toward specialization in Western medicine is obviously associated with fact that Western medical knowledge is increasing beyond the grasp of any single individual. Western adherents of Chinese medicine assume that because Chinese medicine is holistic, its theoretical basis must be strictly finite. They therefore believe that learning Chinese medicine involves only a small component of book-learning and a much larger component of practical clinical experience. In other words, they expect Chinese medicine to be something like cookery, which is largely learned in the kitchen. They presume that because Chinese medicine is a simple and practical body of knowledge, most of it has already been transmitted to the West; what remains is to learn how to best apply it. Because most people have no knowledge of the Chinese language, they lack linguistic access to the Chinese tradition of Chinese medicine. For this reason, they cannot comprehend the magnitude of Chinese medical knowledge, and fail to realize that in China the study of literature is considered to be a prerequisite for clinical proficiency.

西方的中醫界沒有體認到語言的重要性，也不面對語言的挑戰，可能是因為替代醫學理想化的中醫知識之影響而模糊了語言的必要性。西方人之所以喜歡中醫，是因為他們相信中醫的整體觀以及中醫以一種西醫所沒有的方式著眼於病人整體。西醫朝向精細分科的趨勢發展，顯與西藥的知識增大了難以掌控每一個獨立個體的事實有關。西方的中醫擁護者認為既然中醫是整體醫學，則其理論基礎必然有限，他們因此認為學中醫只有一小部分是透過書本學習，主要是經由臨床實務經驗來學習。換言之，他們認為學中醫有點像是學烹飪主要是在廚房學習。他們認為中醫是一簡單而且實用的知識，大部分都已經傳入西方，剩下的就是學習如何善用中醫。由於大部分的西方人都沒有中文基礎，因此缺少語言學方法的他們無從一窺中國的中醫傳統思想。基於此，西方人不能瞭解中醫知識的博大精深，也不能瞭解何以在中國會認為文獻研讀是精通臨床能力的先決條件。

The lack of linguistic access has had natural consequences for translation. A cursory glance at the bibliographies of books shows that much of the literature available to English speakers is written by people who possess no access to primary sources. A bibliometric study of acupuncture materials has confirmed that translation work is limited and a considerable proportion of the literature currently available in English does not derive from primary Chinese sources [5]. Only a fraction of the traditional literature has been translated. Only the *Nànjīng*, *Shānghánlùn*, *Jīnguì Yàoluè* have been fully translated. Although Western interest focuses on acupuncture, *Nànjīng* and the *Zhēnjiū Jiǎyījīng* are the only classics on acupuncture to have been translated.

概略翻閱了一些書籍的參考書目，發現大部分可供說英語者參考的文獻都是由不曾看過中文原始資料的人所寫的，這是翻譯時缺乏語言學方法的必然結果。由英文的針灸相關著作研究發現，翻譯的作品不多而且有相當比例的出版品並非來自原始的中文資料[5]。傳統文獻只有一小部份曾被譯成英文，有完整原文翻譯的只有《難經》、《傷寒論》與《金匱要略》。雖然西方對中醫的興趣主要是針灸，但針灸經典中只有《難經》及《針灸甲乙經》已譯為英文。

The lack of translation is not simply due to the lack of linguistic access. When we survey the English literature of Chinese medicine, works other than those translated and compiled from primary sources fall mainly into two distinct classes. On the one hand there are numerous basic texts of acupuncture and Chinese medicine in which writers present their own understanding of the subject. On the other hand there are works that present adaptations of Chinese medicine that are clearly influenced by alternative health-care values. Both these classes of literature reflect the fact that Chinese medicine is believed to be a limited body of knowledge that has already been transmitted to the West and merely needs refinement [6]

翻譯作品匱乏不單是因為缺少語言學方法所致，審視中醫的英文文獻，一般作品的層次顯然比從原始資料編譯的作品來得低。一方面是有許多關於中醫與針灸的書籍是作者發表個人的理解著作，另一方面，有一些作品所呈現的內容是明顯受到替代醫學價值觀影響而改制的中醫。西方人認為中醫是一種已經傳入西方社會且只須要精進的有限知識體系的事實，可從上面這兩類的文獻中反映出來。[6]

Adaptations of Chinese medicine that reflect Western views are more attractive to Westerners than versions that accurately reflect Chinese tradition. An example of adaptation is *Between Heaven and Earth: A Guide to Chinese Medicine* [7]. A cursory look at the table of contents shows that the book is divided into three parts: basic theories (including yīn-yáng and the five phases); five psychological types; and therapy. Thus, it presents a version of Chinese medicine in which the holistic doctrines of the yīn-yáng and five phases and of human types are the central, if not the only features. The importance of the five phases is exaggerated to the point that the six bowels are completely subsumed to the five viscera and only five emotions are discussed, while the seven-fold classification of affects (七情) is not mentioned. The treatment section notably presents herbal remedies in the form of a commercially branded "modular pharmacy." Formulas containing multiple ingredients are labeled "Tonify Moisture," "Tonify Blood," "Consolidate Qi," "Purge Moisture," "Supplement Wood," "Harmonize Wood-Earth," etc. The formulas have been devised by the authors and are sold by them.

為反映西方人觀點而改制的中醫對於西方人的吸引力遠甚於忠實呈現了傳統思想的中醫。在 *Between Heaven and Earth: A Guide to Chinese Medicine* [7]一書中可看到中醫改制的例子，瀏覽該書的目錄可知全書共分為基礎理論(包括陰陽及五行)、五種精神類型以及治法等三部分。因此，書中所提出的中醫是以陰陽五行的全部學說及人的類型為核心，但這不是中醫僅有的特點，過分誇大了五行的重要性，將六腑完全歸屬於五臟，而且只討論了五種情感類型，然而卻未提到七情。在治法的部分，特別以商業標示為混合式製劑(modular pharmacy)的形式來介紹草藥療法，凡是複方就標上滋水(Tonify Moisture)、補血(Tonify Blood)、益氣(Consolidate Qi)、祛濕(Purge Moisture)、補肝(Supplement Wood)及調和肝脾(Harmonize Wood-Earth)等等，作者設計並販售這些配方。

This adaptation raises a number of questions that have not been openly discussed. Although the authors state in their introduction that they are offering an adapted form of Chinese medicine, they do not explain in detail what parts are traditionally Chinese and what parts have been adapted. They do not tell us what parts have been added and what parts have been subtracted. They offer no rationale for the adaptations, and no proof of their validity. The bibliography contains no Chinese sources, which indicates that they have no linguistic access to the full body of Chinese medical knowledge. By creating an adaptation of a medicine of which they can understand no more than what has been presented by translators, Beinfield & Korngold

cavalierly whisk away 2,000 years of Chinese experience . Obviously, they believe that it is more useful to reinvent Chinese medicine to suit Western tastes than to take the trouble to learn Chinese so as to deepen their understanding of China's medical experience.

中醫的改制引發一些未曾公開討論的問題。雖然作者們在其作品中陳述了他們所提出之中醫改制型態，但未詳述哪些部分是傳統的中醫，哪些部分是改制後的中醫，也沒有說明其所增減的部分。他們未闡述改制的原理，也未驗證其正確性。在這些著作的參考書籍中沒有中文的原始資料，這意味著這些作者並不具備瞭解整體中醫知識的語言學方法。Beinfeld 與 Korngold 藉由將他們所知不及翻譯人員所發表的醫學領域加以改制，目空一切地抹滅中國 2000 年的經驗，顯然地，他們認為重創中醫以迎合西方人的喜好比起找麻煩去學習中文以加深對中國醫學經驗的瞭解來得有用。

One might expect that owing to the predominance of Western medicine in the West, most efforts to adapt Chinese medicine to the Western environment would take the form of scientification. Such efforts have been made. The Englishman Felix Mann, one of the major proponents of acupuncture in the West, has gradually come to the conclusion that traditional theories such as those of qi and the channels can be dispensed with, and he expresses these views in a book suitably entitled *Reinventing Acupuncture* (重新发明针灸) [8]. Nevertheless, it is alternative health-care that provides the basis for the adoption of Chinese medicine in the West, and adaptations emphasizing holism are the principal tendency in adaptation.

由於西醫學在西方國家佔有優勢地位，可預期大部分致力於使中醫融入西方社會者總是採用科學化的形式，並已開始進行。英國人 Felix Mann 是西方主要倡導針灸者，他逐步作成諸如氣與經絡等傳統學說可被省略的結論，在書中陳述這些觀點，並以 *Reinventing Acupuncture*(重創針灸)為書名[8]。然而，替代醫學為中醫在西方的改制提供了基礎，而且，強調整體觀是改制的主要趨勢。

Chinese translators have made a great contribution to the westward transmission of Chinese medicine, but they done little to dispel Western misconceptions about Chinese medicine. Three PRC works—*An Outline of Chinese Acupuncture*, *Essentials of Chinese Acupuncture*, and *Chinese Acupuncture and Moxibustion* [9,10,11]—were for decades the basic texts for students in the United States. Even today a good knowledge of the contents of these books is generally considered to be enough to pass the national examinations. Nevertheless, these books simplify the subject matter considerably. The first, *Outline*, is 302 pages long, and the following two are 432 and 544 pages respectively. Covering basic theories, diagnosis, and treatment, each book gives the impression of being a comprehensive text of the subject, which is strengthened by the fact that none of them contains any reference to any other work. Text books used in Chinese schools today, by contrast, rarely include basic theories, diagnosis, and treatment in one volume, and those that do are used only as a general overview of Chinese medicine for first year students. Obviously, such wide-ranging books lack detail. *Essentials of Chinese Acupuncture*, for example, gives the following information about morbid complexions: "red, which denotes existence of heat; pallor, which indicates existence of cold or xu (deficiency) of blood; bright yellow, which suggests jaundice; and bluish purple, which is often due to stagnation of blood or severe pain." This is barely sufficient knowledge for professional diagnosis. The writers were clearly at pains to introduce as little unusual terminology as possible. Terms in Chinese texts such as 五更泄、四肢逆冷，肌肤甲错、症瘕积聚，瘵絕, etc., that need to be explained to Chinese students are avoided in these three English texts, are loosely expressed in lay language,

or transposed into Western medical concepts. The treatment section of *Chinese Acupuncture and Moxibustion* contains among its section headings only three obviously Chinese terms: Bi syndromes (痺證), Wei syndromes (痿證), and "Red-Thread Boil." None of these books relate English terms to the source-language terms, as is customary in Chinese-language literature on scientific subjects. All three books present Chinese medicine in a relatively simple body of knowledge with a minimum number of technical concepts. Even if the authors intended these books to be introductions to Chinese medicine, acupuncture schools in the English-speaking world have used them as if they were comprehensive and detailed texts designed as the mainstay of professional training. PRC translators may have not painted a faithful picture of Chinese medicine because they lack sufficient translation skills, but it is much more likely that they feared Western readers would not accept it.

中國的翻譯家對中醫西傳有重要的貢獻，但他們甚少能消除西方人對中醫的誤解。《An Outline of Chinese Acupuncture》、《Essentials of Chinese Acupuncture》及《Chinese Acupuncture and Moxibustion》等三本中國的著作[9,10,11]，在美國作為學生的基本教材已有數十年，甚至今天都普遍認為這些書包含充足的知識，足以通過國家考試。然而，這幾本書的內容頗為簡化。首先，這三本書依序分別有 302 頁、432 頁及 544 頁厚，涵蓋了基礎理論、診斷及治法，每一本書都是就此一主題給予全面性觀念的課本，從書本內容並沒有提及其他著作的事實更可印證。相較之下，現今中國學校所採用的教科書很少將基礎理論、診斷及治法寫在同一本書裡，就算有也只作為一年級學生對中醫概論之用。顯然這些內容廣泛的書籍缺少詳細的論述。譬如，在《Essentials of Chinese Acupuncture》一書中對於病色有如下的敘述：「色紅表示有熱；色蒼白表示有寒或血虛；色鮮黃意味著有黃疸；色青紫多肇因於血瘀或劇烈疼痛。」這些陳述對於專業的診斷稍嫌不足。作者們顯然盡可能地介紹一些不常用的術語，對於中文教科書中的五更泄、四肢逆冷、肌膚甲錯、癥瘕積聚和瘰癧等必需對學生解釋的內容，在前述三本英文著作中都未加說明，只隨便以通俗的言語來描述或逕自以西醫的概念來翻譯。在《Chinese Acupuncture and Moxibustion》的治法部分，其章節標題只包含了三個醒目的中文名詞：痺證、痿證及 Red-Thread Boil。上述三本書都未涉及英文名詞與中文名詞的對照，這就像中文的科學著述的一般習慣。這三本書都以最少量的專業概念、相對簡單的知識體系來介紹中醫。甚至作者們打算將這些書介紹給英語國家的中醫和針灸學校來採用，好像這些書是準備當作專業訓練的主要依據所設計之既廣泛又詳盡的課本。由於中國翻譯人員的翻譯能力不足，或許因而未能描繪出詳實的中醫狀況，但更可能是耽心西方讀者不能接受。

Chinese translators have produced translations of classics. But simplification is seen here too. The translations of the *Shānghánlùn* and *Jīnguì Yàoluè Fānglùn* by Luó Xī-Wén (羅希文) [12,13], for example, systematically offer a single interpretation of each line, even though the traditional commentaries often reveal differences in interpretation of the text. There are at least three interpretations of 若酒客病不可与桂枝汤 (line 17), but Luó offers only one. If we presume that the translator is aware of the ambiguity in the *Shānghánlùn*, we are left to wonder why the ambiguity of the Chinese text was ignored in the explanations of the lines. The obvious reason is that the translator does not consider it appropriate to present the foreign reader with the same information about the *Shānghánlùn* that is presented to the Chinese reader. He obviously believes that Westerners are unwilling or unable to cope with the ambiguity so characteristic of China's classical medical literature. But is it right that for Westerners to be shown a Chinese medicine that is quite different from the one Chinese people are familiar with?

中國翻譯人員曾做過一些典籍翻譯，但也都被簡化了。譬如羅希文翻譯《傷寒論》及《金匱要略方論》[12,13]，即使是原文傳統評註常有不同解釋的條文，都有計劃地給予每

一條文單一的解釋。「若酒客病，不可與桂枝湯(第 17 條)」至少有三種意思，但羅氏卻表示只有一種，假如我們大膽假設翻譯人員知道傷寒論條文有兩種以上的解釋，那我們將訝異於為何譯作的條文解釋把原文的多重解釋給忽略了。顯見是因翻譯人員未想到將為中國讀者出版的《傷寒論》的相同資訊適當地呈現給外國讀者，他顯然認為西方人不願或無法面對中國的經典醫籍特有的多重意義，但是，帶給西方人一個迥異於中國人所熟知的中醫對嗎？

The PRC contribution to the translation of Chinese medical literature suggests that the Chinese have had overly modest expectations concerning the ability or willingness of Westerners to master Chinese medicine in its traditional form. Zhāng Wéi-Huī in his *Zhōngyīde Xiàdài yǔ Wèilái* ('The Present and Future of Chinese Medicine') [14] expresses views that, in my experience, are held by many Chinese when he says, "... in the process of translating, one cannot render classical literature literally... China's achievements in the integration of Western and Chinese medicine are the proper interface between Chinese medicine and world medicine." Zhāng takes internationalization of Chinese medicine to mean convincing the international scientific community of the value of (a suitably modified form of) Chinese medicine. He says that "[a]s to communication through language, we cannot wait for the modernization of Chinese medicine to be completed for this question to be solved... 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." Obviously Zhāng believes that only a future form of Chinese medicine can be accepted by the Western medical community. He fails to understand that Western interest in Chinese medicine has little to do with its acceptability to the international community of modern medicine, and that there may be many Westerners interested in the tradition of Chinese medicine that is taught in China today.

中國在中醫文獻翻譯的貢獻讓人想到關於西方人面對傳統型態的中醫之能力或意願，中國人曾有過度審慎的預期。張維輝在《中醫的現代與未來》[14]書中提到「...在翻譯過程中，某些內容不能按照古典醫籍直譯...中國的中西醫結合成果是中醫與世界醫學溝通的有益媒介。」據筆者的經驗，有許多中國人同意張氏這樣的說法，張氏認為中醫國際化就是讓國際的科學界相信中醫的價值，他說：「藉由語言的交流，我們不能等待完成中醫現代化來解決此一問題，...雖然中醫是以古文為基礎的理論體系，但我們不能以 2000 年前的形式介紹給外國。」張氏顯然認為只有中醫未來的形式才能被西方醫學界所接受。他未認識到西方對中醫很少處理其在國際現代醫學界的可受性感到興趣，而且可能有許多對現今在中國教授的傳統中醫感到興趣的西方人。

In the transmission of Western knowledge to China, great attention has been paid to terminological management (名詞處置), i.e., selecting Chinese terms, relating them to the original foreign-language terms, creating bilingual dictionaries, and standardizing term use. Much less attention to it has been paid to term management in the westward transmission of Chinese medicine. Term translation methods differ considerably. In China, where emphasis is placed on integrating Chinese medicine with Western medicine, translators often liberally use Western medical terms to translate traditional Chinese concepts. The *Chinese-English Medical Dictionary* (漢英醫學大詞典) [15] suggests *arthralgia* for 痹 *bì*, *acute conjunctivitis* for 風火眼 *fēng huǒ yǎn*, and *cervicitis* for 濕獨帶下 *shī dú dài xià*). Other translators such as myself are keen to preserve the integrity and independence of Chinese medical concepts, and therefore mostly use literal translations. However, the biggest divergence of views is one observed

between those who believe that Chinese medicine has a large number of technical terms that need to be represented by fixed terms in English and those who do not. Those strongly influenced by Western alternative health-care ideals de-emphasize the terminological complexity of Chinese medicine. This incidentally explains why no Westerners other than myself and colleagues have created bilingual dictionaries of Chinese medicine. They do not regard them as necessary.

在西方知識傳到中國時，十分注意中文名詞的選定、選定的名詞與外文原詞相聯繫、制定雙語詞典以及名詞使用標準化等名詞處置問題。中醫西傳很少注意到名詞處置的問題，各種詞彙翻譯方法大相逕庭，中國將重點擺在中醫與西醫的結合上，翻譯人員經常大量地使用西醫的名詞來翻譯中國傳統的概念。在漢英醫學大詞典中提出將痹譯為 *arthralgia*、風火眼譯為 *acute conjunctivitis* 以及濕獨帶下譯為 *cervicitis*。包括筆者在內的另一派翻譯人員亟欲維持中醫概念的完整性與獨立性，因此主要採用字義翻譯。然而，這兩造觀點最大的差異在於是否認為中醫具有大量需要固定的英文詞彙相對應的專業名詞。受到西方替代醫學理想的強烈影響而淡化了中醫詞彙的複雜性。藉此附帶說明除了筆者和同事們之外沒有其他西方人編寫中醫雙語詞典，乃是其他人不認為這是必要的。

There are different schools of Chinese medical thought in the West. I have already discussed the scientized acupuncture of Felix Mann and the Chinese medicine adapted to alternative health-care notions of Beinfield & Korngold. This is by no means a complete list of the versions of Chinese medicine that have been presented in recent decades. The differences between Chinese medicine that have been presented in English have made it difficult for Westerners who no linguistic access to Chinese literature to judge which version reflects the Chinese tradition most accurately.

在西方有一些不同思維的中醫流派，前面所提過 Felix Mann 的科學化針灸以及 Beinfield 與 Korngold 有關中醫遷就替代醫學的見解，絕不是近幾十年來所呈現之中醫翻譯版本的完美境界。各種英譯中醫版本的差異，在於讓沒有閱讀中文文獻之語言基礎的西方人判斷何者最能忠實反映中國傳統所造成的困難度。

One other major school of thought, to which I belong, is a school committed to presenting Chinese medicine as it is in China. This school believes, as the leaders of the Chinese medical community in China do, that although Chinese medicine has not received the approval of the scientific community, it represents the experience of over 2,000 years in the maintenance of health and deserves to be preserved for future generations. No form of Chinese medicine that has been simplified, biomedicized, or adapted to alternative health-care ideals in the West can claim either 2,000 years' experience or any greater scientific basis than the Chinese medicine taught today in Chinese universities. However Chinese medicine develops in China (whatever degree of integration with Western medicine is achieved or however it may be adapted to Western needs), a true picture of traditional Chinese medicine will be indispensable for serious Western students of Chinese medicine in the foreseeable future.

另一個筆者所屬的重要思維流派，乃一致致力於介紹如在中國所被認識到的中醫的學派。如同中國中醫界領導人所做的，本流派相信雖然中醫未受到科學界的認可，但中醫是 2000 多年的健康照護經驗，應該保留傳承給後世。在西方，沒有哪一種經過簡化、西醫化或改制以符合替代醫學思想的中醫型態能比現今在中國的大學裡教授的中醫更能代表 2000 多年的經驗或有更優異的科學基礎。然而，在可預見的未來裡，中醫在中國的發展不管和西醫結合的程度如何，或是到底能否符合西方的需求，傳統中醫的忠實呈現對於熱衷中醫的外國學生而言是不可或缺的。

Chinese medicine can be accurately transmitted without simplification or distortion. For the last twenty years, my colleagues and I have been pursuing a transmission strategy identical to that adopted for the transmission of Western scientific knowledge to China. We assert that the Chinese language is the vehicle of Chinese knowledge. This strategy comprises translation from primary Chinese sources (ancient and modern), the development of an English terminology, and the creation of language-teaching materials specifically intended for western students wishing to read primary Chinese medical texts. Many Chinese believe that Westerners have difficulty learning Chinese medicine because it not a simple straightforward body of knowledge capable of being presented in the manner of a modern scientific discipline, that many Chinese concepts are difficult to express in English, and that Westerners cannot be expected to learn Chinese because it is too difficult for them. Chinese medicine and the Chinese language do pose difficulties, but the language and knowledge of one cultural community can be acquired by any other sufficiently motivated cultural community.

過去 20 年來，筆者和同事們一直進行的傳播策略和西方科學知識傳入中國所採用的相同，中醫得以在不被簡化或扭曲的情況下正確地傳播。我們確信中文才是中國知識的傳播媒介。我們所採的策略包括從現代或古代的中文原始資料譯成英文、英文詞彙的發展以及針對有意閱讀原始中醫文獻的外國學生建立語言教材。由於沒有現代科學模式能表現之簡單明瞭的知識形式、很多中文的概念不易用英文來表達，加上學習中文對西方人來說太困難而不能期望他們來學中文，因此許多中國人認為西方人學習中醫會有困難。中醫和中文確實不容易，但是一種文化體的語言和知識可被其他任一具有充分目的的文化體所學習的。

This strategy has gradually attained success. Although the best conditions for accurate transmission of Chinese medical information are not entirely present, they are not entirely absent either. There are a growing number of people who, whatever their initial reason for learning Chinese medicine, accept that the Chinese medicine practiced in China must be superior to any of the simplified and adapted forms that have been developed in the West. Over the years, steadily increasing numbers of Westerners, realizing that the most reliable information about Chinese medicine is in Chinese, have taken the trouble to learn acquire the necessary language skills. Most of those who have done translation work have adopted the English terminology that my colleagues and I have devised since it faithfully represents Chinese concepts and has proven itself in the practice of translation.

這個策略已漸漸地成功了。雖然中醫資訊精確傳播的最佳條件尚未完全出現，但也不是完全沒有。不論最初學習中醫的原因為何，有越來越多的人同意在中國實踐的中醫一定優於任何在西方發展的簡化或改制的中醫。這幾年來，西方人認識到中文的中醫相關資訊是最可靠的，漸漸有更多的西方人不厭其煩地學習必要的語文技能。大部分從事中醫翻譯工作的人都採用筆者和同事們所制定的英文詞彙，此後，這些詞彙如實地呈現中文的概念且在翻譯實務中被證實。

Conclusion

結論

The conditions required for the successful transmission of knowledge which have been seen in the transmission of the Western sciences to China have been lacking in the westward transmission of Chinese medicine. The predominance of Western medicine in both East and

West and the predominance of alternative health-care values in the Western Chinese medical community have created nothing but confusion about Chinese medicine. As that confusion makes the need to learn the Chinese language clear, Western adherents of Chinese medicine are beginning to understand a version of Chinese medicine that accurately represents tradition and how to acquire it. If we are to learn from history, we must understand that the success of transmission depends on accepting the body of knowledge as a whole (rather than picking out the parts that please individual Western writers) and acquiring the linguistic means of access. What the West has to yet to fully learn is that more knowledge is to be gained from the Chinese sources than by `reinventing Chinese medicine.’’ What China has to learn is that the Western interest in Chinese medicine lies chiefly outside the modern medical community and that there is more interest in the traditional form of Chinese medicine than it has so far imagined. The integration of Chinese medicine with Western medicine, considered by some as the `proper interface’ (有益媒介) for the westward transmission of Chinese medicine, is still only in its infancy, and acceptance by the international medical community, even if this is possible, is likely to take decades. What is necessary now is for Westerners to understand more about traditional Chinese medicine. The process of bringing traditional Chinese medicine, in all its richness and detail, would be immensely aided by the participation and support of people in the PRC.

在西方科學傳向中國的過程中看到知識成功傳播的必要條件，這在中醫西傳的過程中一直都缺少。西醫在東西方的優勢以及替代醫學在西方中醫界價值標準的優勢，對於中醫只有困惑。如同這些困惑造就必需學習中文的空間，西方的中醫擁護者開始認識到一個忠實表達傳統的中醫版本及如何習得。若我們以歷史為鏡，我們必須瞭解傳播成功取決於整個知識體(並非挑出合於西方作者之意的部分)的接受度以及所使用之語言工具的取得。西方還必須徹底學習的是明白從中文原始資料比從「重新創造的中醫」獲得更多的知識；中國所必須學習的是知道對西方對中醫感興趣的多半是現代醫學界之外的人，以及西方對中醫傳統形式比到目前為止所想像的形式有更大的興趣。考慮一些如中醫西傳的「有益媒介」等因素，中西醫的結合仍屬初期，有能要幾十年後才可能得到國際醫學界的認同。當前所必要的是使西方人對傳統中醫知道得更多。傳播傳統中醫豐富與詳細的內容的過程，經由在中國的人們的參與與支持獲得極大的幫助。

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