

# The Development of Modern Chinese Medicine in a Comparative Perspective of the History of Chinese and Western Medicine

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**Abstract.** Chinese and Western medicine have different origins and have developed in different ways and with different contents. This paper focuses on a comparative study of the history of Chinese and Western medicine, tracing the development of ancient Greek medicine, the rescue and treatment of the Black Death in medieval Europe, and the medical treatment and public health represented by the prevention and treatment of smallpox in the Qing Dynasty. Chinese and Western medicine offered different paths to the rescue and treatment of disease from different perspectives. At the same time, the paper focus on the formation and development of the systematization of Chinese and Western medicine in modern times and the transformation of modern Chinese medicine under the influence of Western learning in the east. By discussing the changes in the modern Chinese medical education system - from ecclesiastical medicine to an integrated institutional training model, the further training of medical talents and finally the government's promulgation of the University Decree to provide modern By discussing the changes in the modern Chinese medical education system - from ecclesiastical medicine to an integrated institutional training model for medical personnel and finally the government's promulgation of the University Decree to provide institutional guarantees for modern medical education, the significance of the convergence of Western and Chinese medicine for the development of modern Chinese medicine will be discussed in this paper.

**Keywords:** Chinese Medicine; Western Medicine; Medical System; Public Health System; Medical Education.

## 1. Introduction

Western medicine has its origins in ancient Greek medicine and developed slowly in Europe during the Middle Ages. Modern Western medicine developed gradually after the Renaissance, typified by England, and by the late 19th and early 20th centuries, Western medicine was gradually systematised. Under the influence of Western medicine, traditional Chinese medicine began to change. Based on this, this paper focuses on the historical development of Chinese and Western medicine, the systematisation of Western medicine in modern times and the changes in the medical system, public health system, medical concepts and hospital system that followed its gradual eastward expansion, and analyses the development of modern Chinese medicine in the context of the convergence of Chinese and Western medicine, hoping to promote attention to the social history of medicine in China.

## 2. Overview of the Main Historical Developments in Chinese and Western Medicine

### 2.1 Ancient Greek Medicine Ideas

Firstly, it is typified by Hippocrates, who proposed the "four body fluids theory", which regarded disease as a disturbance of the balance of the four body fluids - blood, mucus, black bile and yellow bile. [1] This means that an excess of one of the four body fluids tends to increase the incidence of disease. Galen founded the Galenian temperament theory based on the theory of body fluids, which suggested that the types of temperament in humans include choleric (corresponding to yellow bile), polycythemic (corresponding to blood), mucinous (corresponding to mucus), and depressive

(corresponding to black bile). [2] Thus, the physician can treat the disease by the patient's physical characteristics. In general, the "four body fluids theory" and Galen's "temperament theory" are spiritually consistent and complementary.

The ancient Greek medical philosophy of "not the disease, but the patient" [3], which originated from the school of Kos, was the first expression of the idea of putting people first. Hippocrates also believed that when treating a patient, the doctor's first concern was not the disease, but the person who was ill, and that the doctor should understand the patient's point of view before prescribing the right medicine.

Furthermore, in the Hippocratic Oath, Hippocrates stated "I will help the sick according to my ability and judgment, and will do no nothing harmful or immorality." [4]. This means that a doctor's moral sense is to be measured by the well-being of the patient. Doctors should not make decisions for their patients by making choices of their own volition and patients have the right to know their condition and to choose their own options, and doctors should fully respect the wishes of their patients. This is both a concrete practice of the principle of altruism in ancient Greek medical ethics and a practical expression of the ancient Greek idea of putting people first.

## 2.2 Medieval European Treatment of the Black Death

The Black Death swept through Europe in 1347-1352, killing 25 million Europeans, which was one third of the population at the time [5]. It took a heavy toll on all aspects of society and led to a number of new changes in medicine.

### 1. Medical management system

#### (1) Subject of relief

In the UK, the treatment of the Black Death is typical, with a wide variety of treatment methods, mainly church medical care as the mainstay of treatment, and government relief as an aid.

As the Black Death raged, the Christian Church became a gathering place for the sick and homeless, diagnosed and relieved by the clergy, and led by some fanatical Christians who believed that mankind must make greater atonement for its sins in order to appease the wrath of God. They tried to rid themselves of the plague by beating themselves with iron-tipped whips and humming "I have sinned most" over and over again. [6] But the only result of this mass gathering to atone for their sins was to accelerate the spread of the plague. In addition to this, the Church opened cemeteries for large numbers of people who died from the Black Death, and in the Diocese of Worcester, Bishop Brunstold asked his subordinates to open a new cemetery at St Oswald's almshouse as an emergency. In London, the Church opened new cemeteries with the support of the government and the Crown. "The government actively supported the opening of cemeteries in London, and Edward III later built the convent of St. Mary of Charity for the Cistercian monks." [7] This initiative solved a major social problem such as the burial of a large number of the dead, on the one hand, embodied a degree of humanitarianism.

The government's relief consisted of two main areas. The first was the reduction of taxes in response to disasters, [8] and the second, and most significant and influential, was the enactment of the Labour Ordinance of 1349. It provided that: "All men who are able-bodied and strong and women within the kingdom, and who are under the age of sixty years, whether free or unfree, who do not live by trade or work, or who have no money or land for their subsistence, and who do not work for others, shall do the work that is given to them. And the payment of their gratuities, rations, wages or salaries shall be according to the local custom in the twentieth year after my (Edward III's) reign, which is 1346." [9] The promulgation of the decree went some way to restricting the movement of people and blocking the way for the spread of the plague.

#### (2) The emergence of a public health system

The sanitary landscape of medieval Europe was so bad: cities were overcrowded, rubbish was piled up, dirt was dumped and ditches stank [10] that the importance of establishing a public sanitation system could not be overstated.

The government responded accordingly in the area of health. In 1604, the London City Council issued an 'Act for the Relief and Management of Infected Persons' and ordered all inhabitants to sweep the streets in front of their homes and not to pour sewage into the rivers; forbade large funerals, speeches or other public gatherings; forbade vagrants and beggars to enter the City of London; celebrations and banquets were forbidden in the event of the plague; and vegetable and fruit dealers were required to sell at designated places and not to sell at home or in the markets themselves. [11]

In addition, perhaps because it was realised that frequent population movements would accelerate the spread of the plague, quarantine measures were taken at the time to restrict the movement of those infected with the plague. In March 1563, William Cecil, the Secretary of State, ordered Westminster officials to immediately close all houses of those infected with the plague, to isolate the sick and their families, and, if anyone was allowed in or out, to centralise isolation for 7 days and autonomous quarantine for 40 days. [12]

## **2. Changes in hospital functions**

Before the outbreak of the Black Death, hospitals served more of a social function as they were mostly used as a charity to isolate and care for the sick due to the prevalence of leprosy in the Middle Ages. After the outbreak of the Black Death, a number of hospitals began treating patients. Although this method of treating patients was undesirable and the cure rate was not high, it enabled a shift in the function of hospitals to treat patients rather than simply isolate them.

As most medieval hospitals were founded by the Church, doctors were not very closely connected to them. The outbreak of the Black Death led to a surge in medical demand and many hospitals strengthened their links with doctors in response to the disaster. In Bury St Edmund's, for example, a local hospital established links with the nearby Cambridge University, allowing its medical students to intern at the hospital. [13] This is seen as the prototype of the institutional integration model, which later spread throughout Europe and also influenced the development of medical education in modern China.

## **2.3 Qing Dynasty Epidemic Prevention and Treatment**

Throughout the long history of Chinese medicine, plague has been one of the main threats to the health and safety of the population. For example, in Wang Chong's *Analects of the Eastern Han Dynasty*, "In the year of famine, the hungry filled the roads, and the warmth and epidemics wiped out thousands of households" [14]. The plague in Datong, Shanxi province, during the Ming dynasty "In the spring, the plague was so great that nine out of ten rooms were sick, and the year was famished." [15]. It is evident that plague has always accompanied the development of Chinese medicine. The Qing Dynasty was also a period in Chinese history when epidemics were prevalent, represented by smallpox, showing the current state of development of modern Chinese medicine in terms of epidemic prevention and treatment.

The main body of relief is still the government departments. In the capital, for example, the Office of the Commander of the Infantry, the Shuntian Prefecture, and the Five Cities Inspection were responsible for organising the prevention and control. These departments developed remedies for the epidemic and set up bureaus in each of the five cities, both inside and outside, to distribute medicine to the poor who could not afford to buy it. At the same time, the Imperial Hospital and the doctors of the Five Cities were assigned to treat the sick and famine victims and to manage them. [16] In addition to the above measures, the government also implemented a work-for-hire approach, allowing young and strong disaster victims to participate in the construction of the Yongding River and paying them the appropriate amount of money for their work, which played a considerable role in ensuring the normal livelihood of the victims. As a typical example of an epidemic at this time, the control of smallpox can be divided into two categories: royal and civil control. In the case of Kangxi, for example, he set up a special 'zhangjing for the investigation of pox' to check on pox sufferers among the population and to keep them in isolation. [17] The main method of control among the people was immunization by pox planting. Over time, the art of pox-planting has been improved. There were four methods of planting, namely, the pox coat method, the pox paste method, the dry pox method and the

chicken pox (vaccine) method. “But compare the difference between these four methods, water seedling (pox) ranks the top, early seedling the second, pox coat don't work much and pox paste is too involved in cruelty, ..... The reaction of water seedling is moderate and gentle, gradually having an effect after inoculation without obvious injury. Fetal toxicity has the opportunity to take into effect with high efficiency. Therefore, this method is the best one for large-scale promotion.” [18]

In terms of public health, the government has already pay attention to the need of improving the urban environment in the late Qing Dynasty. In 1908, the Ministry of Civil Affairs promulgated "Rules for the Cleanliness to Prevent the Seasonal Epidemics ", which prohibited the accumulation of rubbish and coal in the streets and alleys, and the dumping of slop and all waste water at will. Merchants and shopkeepers placed containers in their shops to store their waste. The government sent someone to haul it in a cart every day and disposed of it in a secluded place. [19] This method reduces the growth of germs at the root, and is an effective way of epidemic prevention in modern Chinese medicine in public health.

Western medicine not only bred influential ideas of medical ethics, but also provided the first descriptions of disease types and symptoms of illness. After the Black Death in the Middle Ages, the theological veil of medicine was gradually broken, allowing Western medicine to take a more practical path and form a more systematic medical system. For modern Chinese medicine, taking the prevention and treatment of smallpox in the Qing Dynasty as an example, the mutual promotion and supplementation of practical experience and theoretical content constituted the development of Chinese medicine, [20] while modern Chinese medicine was influenced by the gradual expansion of Western medicine to the east to establish a new medical system as well as to produce new changes and developments.

### **3. The Systematization of Chinese and Western Medicine in Modern Times**

#### **3.1 Western Health Care Systems in the Late 19th and Early 20th Centuries (with the UK as an Example)**

As a result of the Industrial Revolution, British society grew rapidly and by the mid-19th century Britain was the 'factory of the world', the most industrialised country in the world, with a burgeoning population. This was accompanied by a rise in social health and medical problems. As a result, modern Western medicine became institutionalised in Britain, with the private and public sectors forming the two pillars of the British medical system.

##### **1. Professional private sector**

The private sector in the UK healthcare system consists mainly of voluntary general hospitals and specialist hospitals.

Voluntary general hospitals were charitable donation-based medical institutions that emerged in the early 18th century and were set up by churchmen and local gentry in the form of individual donations to treat poor patients free of charge. [21] At its inception, it provided limited medical services, but as it continued to develop on its own, by the 1920s voluntary hospitals were at the centre of the health care system. [22]

However, the standard of care in voluntary hospitals was not sufficient to meet the medical needs of the population. To meet the needs of specific classes and special diseases, specialist hospitals emerged in the 19th century. In addition, specialist hospitals offered a foreseeable future for young doctors: as in general hospitals it takes at least twenty years for a young doctor to be promoted to senior doctor.

##### **2. Relief public sector**

In contrast to the private sector, the public sector of the British healthcare system serves a relief function, including out-of-hospital relief, poorhouse hospitals, municipal hospitals and infectious disease hospitals.

###### **(1) Out-of-hospital relief**

In 1871 the Local Government Board was established to administer local contributions and to establish rules for the provision of medical relief to the poor. [23] However, the regional medical staff under this system could only provide very simple medical care, and the size of medical care, the salaries of medical staff, and the workload varied greatly from region to region. [24]

### **(2) The Home for the Poor, the Hospital for the Poor Act**

For those who have no one to care for them, assistance can only be sought in the homes for the poor. However, the conditions in the homes are rather deplorable, and the result is very little help. The British Medical Journal, after a careful survey, reported that there was not even a full-time medical staff in the 300 rural homes. The guardians usually appoint a part-time doctor who provides medical care to the patients on an irregular or occasional basis. Patients often receive only the simplest of treatment as the cost of medical care is paid for out of the meagre salaries of the medical staff in the homes. In addition, due to a lack of funds, many of the rural homes do not even have a formal nurse. [25] In contrast, in some urban areas, new independent janitorial hospitals have been established, which provide a medium level of care.

### **(3) Municipal Hospital**

Municipal hospitals are run by local government and provide a lower level of care for specific local patients only. [26] After the enactment of the Local Government Act in 1929, the Poor Law Hospitals also became a major part of the municipal hospitals. However, most of the municipal hospitals were poorly equipped, with poor standards of care and harsh conditions of access.

### **(4) Hospital for Infectious Diseases**

The refusal of voluntary hospitals to accept patients with infectious diseases led to the establishment of infectious disease hospitals in the public sector for the isolation and treatment of these patients. Initially these hospitals only admitted patients who could afford to pay, but by the end of the 19th century London's infectious disease hospitals began to admit all patients with infectious diseases without further charge. This was due to the medical services provided by the British government, "They gave free services to all the citizens of London". [27]

Since the Industrial Revolution, the rapid economic development of the West, and with it the increased demand for medical care, had contributed to the systematisation and modernisation of Western medicine. Western medicine, represented by Britain, had grown significantly in both the private and public sectors, and this provided a solid foundation for Western medicine to grow in the East.

## **3.2 The Transformation of the Modern Chinese Medical System under the Influence of Western Medicine in the East**

### **1. Transplantation of medical systems**

The development of Western medicine set the example for the incipient creation of China's modern medical system, and modern Chinese medicine began to change in all respects.

#### **(1) Establishment of a new type of hospital**

The Church Hospital started the establishment of new modern hospitals in China through the model of "preaching through medicine", where "medicine" refers to Western medicine and surgery: under the influence of the Church Hospital, a large number of new modern hospitals were opened by government and private individuals [28]. In 1835, the Church began its medical activities in China with the establishment of the Ophthalmology Bureau in Guangzhou. After this, churches in Hong Kong, Shanghai and other ports of entry followed suit, establishing a considerable number of Western-style hospitals. Within a few decades from 1860, Western-style hospitals had spread throughout China, and "wherever there was a missionary footprint, there was a Western-style clinic and hospital". [29] This is a side reflection of the great demand for hospitals in Chinese society as a whole at the time.

#### **(2) The beginnings of a medical administration**

The establishment of new-style hospitals also contributed, to a certain extent, to the creation of medical administrative institutions, in order to better manage hospitals and develop medicine, in terms

of medical administration, influenced by the West, in 1905, the Qing government began to establish the Ministry of Patrol and Police, under which five divisions were set up, responsible for assessing doctors to give licenses, and managing clearing, epidemic prevention, planning and reviewing all sanitary and health regulations. [30] Among them, there were five divisions under the Department of Police Protection, including the Health Division, which was a permanent body specializing in public health. In the following year, the Health Division was elevated to the Department of Health and began to prepare for the establishment of hospitals under its direct jurisdiction. This initiative was an important development in the medical career of the late Qing Dynasty, and was also the beginning of the prototype of a modern Chinese medical administration as well as an official hospital.

### **(3) Dramatic changes in medical education**

The establishment of new-style hospitals and medical administrations led to a substantial increase in the demand for medical specialists. However, traditional Chinese medical education was mainly taught by masters, either through private instruction in the family or in private schools, a form of education similar to elite education, which was more limited and difficult to train the required medical talents on a large scale. Western medicine, on the other hand, has a formal model for the cultivation of medical talent, presenting an overall and large-scale advantageous effect. [31] Modern Chinese medical education had undergone dramatic changes under the influence of the Western medical system.

Firstly, there was the Church's medical education. Western missionaries used Western medicine as a springboard in the early days in order to spread the ideas of the Church, and people paid more attention to Western medicine based on its remarkable therapeutic effects. In addition, the church hospitals used western medicine to nurture the Chinese and give them access to preliminary medical and nursing methods, which was the beginning of church medical education and western medical education in China, laying the foundation for Chinese medical education.

The second is the emergence of the institution-integrated training model. In 1865, the first Western medical school in China was established - Boji Hospital attached to the South China Medical College, which adopted a system of combining classroom lectures and hospital practice.

In addition to the integrated education and training model of the institutions, the hospital also focused on further training of medical staff, of which Peking Union Medical College is the most famous. 908 physicians, nurses and other senior technicians went to the Union from 1921 to 1933 for further training. 166 physicians and 86 nurses graduated from the Union in 1936. [32] These people became the backbone of the Chinese medical profession at that time and even later.

In addition to changes in the mode and methods of medical education, the medical education system also underwent new changes to provide institutional guarantees for the development of medical care: in 1912, the Ministry of Education issued the University Decree, [33] which abolished the previous education system and established a modern education system: medical science was divided into medicine and pharmacy, with a four-year system for medicine and a three-year system for pharmacy, and both had to attend a one-year preparatory course first. In the "Renxu School System" promulgated in 1922, the medical school system was extended to five years. This laid the foundation for modern medical education in China.

## **2. The establishment and development of modern health systems**

The health system is a prerequisite for the development of health. Against the background of the arrival of Western medicine from the East, the modern health system in China began to take off and develop in the early 20th century. Before modern times, the public health situation in China was very poor in both urban and rural areas. In Beijing, the capital, for example, according to historical sources [34], although the capital was the best place in the country, people and livestock were all piled up on the roads, crushed into fine dust and fluttering in the wind on sunny days, and mud and sand on rainy days. The poor state of sanitation could be seen in the imperial capital, and the state of other cities could be imagined. The development of public sanitation was therefore urgent.

### **(1) Establishment of a public health service**

The first is the rise and increase in awareness of public health education. In 1912, the Chinese YMCA invited missionary doctors to give lectures on public health. 1915 saw the establishment of the Public Health Committee, which held lectures and exhibitions on public health in Nanjing, Shanghai and other cities, and wrote articles in newspapers on disease prevention. 1916 saw the establishment of the Chinese Public Health Education Federation, which developed materials to promote materials on public health for use by all sectors of society. [35]

## **(2) Development of public health services**

The city had an early start in public health. By the end of the 19th century, the Shanghai Concession had already established a fairly well-developed modern public health system. [36] Influenced by the Concession in the early 1920s, the Chinese community had integrated its rules and regulations on public health with those of the Concession, and cooperated with it in food inspection and disease prevention. At the same time, public health also developed significantly in cities such as Beijing, Tianjin, Wuhan, Guangzhou and Xiamen. In Beijing, for example, in the early years of the Republic of China, with the support of the Beiyang government, the Beijing Metropolitan Police Department and the Municipal Office made many efforts in the area of public health in the city, including cleaning the streets, repairing and cleaning ditches, building public toilets, supervising the sanitation of public toilets and the transportation of urine and faeces, and also inspecting food prepared for sale, supervising the operation of brothels and supervising private hospitals [37], a series of initiatives that made a noticeable difference to the public sanitary appearance of the city of Beijing.

In rural or remote ethnic minority areas, missionary doctors did their utmost to improve local public health. For example, in the Nujiang region, the Church has made "cleanliness and hygiene" one of its ten ordinances; in Henan, hygiene is preached through religious meetings. [38] Thanks to the efforts of missionary doctors and others, local people were gradually developing hygienic habits.

Modern Western medicine in the 20th century consisted mainly of a strong private sector and a weak public sector, and although it had many shortcomings, there was still much to learn for Chinese medicine. The gradual expansion of Western medicine to the East brought about enormous changes and developments in Chinese medicine, from the rise of new hospitals, the establishment and changes in medical administration in modern China, changes in medical education to the rise and development of public health, all of which laid the foundation for the modernisation of Chinese medicine.

## **4. The Significance of the Convergence of Chinese and Western Medicine on the Development of Modern Chinese Medicine**

It is clear from the above that Western medicine had permeated all aspects of modern Chinese medicine. For example, in 1912, the International Plague Research Conference was held in Fengtian, the first international health conference held in China, and organizations such as the epidemic prevention hospitals were established in Harbin and other places according to the recommendations of the conference. This health conference was a high point of medical exchange between China and abroad, and a friendly credential for the convergence of Chinese and Western medicine. This exchange of Chinese and Western medicine through the medium of international conferences was a microcosm of the convergence of Chinese and Western medicine in modern times. This convergence and mutual appreciation not only promoted the introduction and development of advanced Western medical knowledge, but also gave a great impetus to the change and transformation of Chinese medicine.

### **4.1 Shift in Perception**

Before the modern era, Chinese medicine practitioners either sat in a shop or made house calls. In the doctor-patient relationship, the patient was the main subject of medical treatment, and the patient was free to choose his or her own doctor, with family or friends able to monitor the entire process. Until the 19th century, the doctor-patient relationship in Western society was surprisingly similar to that in China. But the development of science and technology led to a change in the Western medical

tradition and the creation of the modern "hospital": a layout that included waiting rooms, outpatient rooms, inpatient departments, isolation wards, operating theatre, pharmacies, etc., with specialist medical staff and medical equipment. The doctors' attention was focused on the disease, the data and the reports of the disease tested by medical instruments, [39] and they took proactive measures according to the patient's condition, the only thing the patient could do was to wait, which completely reversed the active-passive relationship of medical treatment.

Although modern Chinese medicine had not developed to such an extent, the creation of new hospitals undoubtedly led to a new type of doctor-patient relationship: the two became more equal, with doctors having more initiative in the treatment of their patients and patients having more choice over their doctors.

This is in fact the concept of "trusteeship" proposed by the famous Western medical missionary Barmud [40], which is basically the idea that everything associated with the patient, such as health, life, etc., is entrusted to the doctor in a religious trust, and that the doctor will take medical action as an answer to God and his followers. [41] This central idea had been coherent and this was what was lacking in the traditional Chinese medical system. For the Chinese people of the time were not comfortable entrusting their loved ones to the care of strangers, but the introduction of Western medicine certainly impacted on traditional Chinese medicine. The new style of doctor-patient relationship, in which the doctor not only treats the patient but also focuses on communication with the patient, has changed the traditional Chinese concept of medical care, while at the same time providing a new dimension to Chinese medical practice. [42]

#### **4.2 Scale and Specialisation of the Hospital System**

In traditional Chinese medicine, diagnosis, medical treatment and dispensing were almost always the responsibility of the doctor alone, so this also meant inefficiency. The Western hospital system, on the other hand, was vastly superior at this time, mainly in its scale and specialisation. Scale was reflected in the fact that the efficiency of medical treatment was significantly higher and more patients could be diagnosed scientifically in a limited amount of time. Secondly, there was a more detailed division of medical disciplines: in addition to the traditional medical and surgical divisions, there were also more specialized divisions such as obstetrics and neurology. [43] In addition, a system of regular check-ups, case discussions and consultations on difficult diseases had been set up for medical treatment, and a hierarchy of care had been introduced for nursing care, thus ensuring the quality of inpatient care. Finally, the establishment of the hospital system also helped to improve the utilization of medical equipment, new medical equipment and instruments would be constantly used in the clinic, and the new needs arising from the clinic would further promote the updating and upgrading of medical equipment, promoting the progress of medical technology, directly changing the situation of Chinese medicine which had been difficult to replace and update drugs and equipment for hundreds of years. However, Chinese medicine also had its own advantages: it was extremely preventive, with many means of diet and health guidance and exhalation as the primary defence system against disease. It also had a wealth of data on treatment cases accumulated over thousands of years, which could be collated and validated for development. Chinese medicine should aim to solve problems that couldn't be solved by Western medicine, and to complement each other's strengths and weaknesses to create the value of Chinese medicine.

### **5. Conclusion**

By tracing the main stages of the historical development of Chinese and Western medicine, the first is the origin of Western medicine - the ancient Greek period, represented by Hippocrates' "four body fluids theory" and Galen's "temperament theory". The two complemented each other, while ancient Greek medicine gave priority to a humanistic approach to medicine. The medieval period saw the establishment and development of a system of public health through various channels of medical assistance for the Black Death, and the gradual emergence of a Western medical system. In contrast

to traditional Chinese medicine, the Qing dynasty's performance in the prevention and treatment of epidemics, represented by the fight against smallpox, exemplified the different paths of diagnosis, treatment and development of Chinese and Western medicine. Since the Industrial Revolution, Western societies had developed rapidly, and with this had come an increase in the demand for medical care, which had led to a Western medical system taking shape. Typically in the UK, the private and public hospital sectors formed the two pillars of the modern systematisation of Western medicine. Under the influence of Western medicine, the independence of traditional Chinese medicine, which had existed for a thousand years, was gradually broken. Western medicine used its disciplinary and institutional advantages to influence and to some extent influence traditional Chinese medicine in various aspects, such as the medical system, medical administration, medical education and the health system, and to set the direction for the development of modern Chinese medicine. Modern Chinese society had undergone a long and tortuous process of development, accompanied by the deepening national crisis and the strong entry of Western culture into China, Chinese society had undergone a long and tortuous process of development, from the "Heavenly Kingdom" to the "Learning from the Barbarians" to the "Hundred Days' Reform" . The modernisation of Chinese medicine was precisely the result of the modernisation of the Chinese culture. Although Chinese and Western medicine are heterogeneous, they do not only collide and clash with each other, but can also communicate and blend with each other. Since the 20th century, the convergence of Western and Chinese medicine has led to radical changes in traditional Chinese medical concepts and hospital systems, and Chinese and Western medicine will continue to develop along the path of friendship and mutual appreciation.

## References

- [1] Hippocrates. Hippocrates, Vol. IV (LCL), English translated by W.H.S. Jones, p. 11.
- [2] Ma Hailong. A study on the doctrine of body fluids in Western classical medicine [D]. Shaanxi Normal University,2021:23.
- [3] Cited in Han Xuan. On ancient Greek medical philosophy and its contemporary value [D]. Tianjin Medical University,2018,13.
- [4] Hippocrates. Hippocrates voll [M]. Loeb Classical Library, trans. W.H.S. Jones, Haevard University Press, 1957: 299-301.
- [5] [US] by Pete Brooksmith, translated by Ma Yongbo, The Disaster of the Future, Hainan: Hainan Publishing House, 1999 edition, p. 29.
- [6] Yang Wei. On the spread and impact of the Black Death in Western Europe [D]. Jilin University, 2008, 17.
- [7] Li, H. C. Social assistance and remediation in Britain during the Black Death [M]/Hui Jianxin. Review of Economic and Social History (4th series), Beijing: Life, Reading and New Knowledge, 2008: 93.
- [8] Li, H. C. Social assistance and remediation in Britain during the Black Death[J]. Economic and Social History Review, 2011(00):35-44.
- [9] "The ordinance of labourers, 18 June 1349", in Horrox, trans and ed.
- [10] Zhang Daqing. Fifteen lectures on the history of medicine [M]. Beijing: Peking University Press, 2007:18.
- [11] Corporation of London, Lord Mayor, By the Mayor the Right Honourable the Lord Mayor, and His Brethren the Aldermen of the City of London, Considering How the Infection of the Plague is Dispersed in Divers and Sundry Places Neere about this City, London: Printed by Robert Young, Printer to the honourable Citie of London, 1630.
- [12] Stephen Porter, Lord Have Mercy Upon Us: London's Plague Years, p. 54.
- [13] Gottfried Robert S. The Black Death: Natural and Human Disaster in Medieval Europe[M]. New York: The Free Press, 1983:122.
- [14] (Eastern Han) Wang Chong, Analects of Hengs, vol. 2, "The Chapter of Destiny and Righteousness", Four series Jingtong Jin grass hall this, p. 5.

- [15] (Republic of China) compiled by Wang Deqian: Zhenru Zhi, vol. 8, Xiang Yi, transcript of 20 years of the Republic of China.
- [16] Zhang Yanli. Measures against epidemics in the Qing dynasty capital [J]. Beijing Archives,2022, No. 373 (01):53-54.
- [17] Yu Xinzhong, 'Plague and society in Jiangnan during the Qing dynasty: a study in medical social history', pp. 196 i 197.
- [18] (Qing) Wu Qian et al. eds: The Golden Book of Medicine, Division 3, Vol. 60, Beijing People's Health Press, 1973, pp. 1543, 1544.
- [19] Tian Tao, Guo Chengwei. Urban management regulations in late Qing Beijing (1906-1910) [M]. Beijing: Beijing Yanshan Publishing House, 1996: 236.
- [20] Deng Jun, Liu Wei. Comparison of the history of Chinese and Western medicine and the development trend of Chinese and Western medicine combination[J]. Chongqing Medicine,2010,39(09):1159-1160.
- [21] The reform history of British hospitals in the 20th century - Guangming Daily - Guangming.com.
- [22] W.F. Bynum, RoyPorter, Companion Enceyclopedia of the History of medicine, London: Routledge, 1993. p.1193.
- [23] Great Britain, Parliamentary Papers (Commons), Report of the Royal Commission on the Poor Laws, London. HMSO.1909, No.37, PP.249.268-269,282-283,859.
- [24] Great Britain, Parliamentary Papers (Commons), Report of the Royal Commission on the Poor Laws, London. HMSO, 1909, No.37, PP.249.268-269,282-283,859.
- [25] Sidney Webb, and Beatrice Webb, The State and the Doctor, London: Longmans, Green&Co.,1910. pp.96-97.
- [26] Bai Shuang. A study on the nationalization reform of British Labour Party hospitals (1948-1974) [D]. Nanjing University, 2015.DOI: 10.27235/d.cnki.gnjiu.2015.000092.
- [27] 4SmithBrianAbel, Hospial,1800-1948, London: Heinemann.1964. pp. 122-130.Asylum hospitals operated under the supervision of the Metropolitan Asylum Board. The governing body, consisting of representatives of the guardians, was funded by the Relief of the Poor Act authorities. Initially set up exclusively for the poor, it eventually became a public health institution. See Sidney Webb, and Beatrice Webb, The State and the Doctor, London: Longmans, Green&Co.,1910. pp.108,157.
- [28] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122. DOI: 10.16382/j.cnki.1000-5579.2005.01.005.
- [29] Ma BY, Gao H et al. History of Chinese and foreign medical cultural exchange a cross-cultural transmission of Chinese and foreign medicine [M]. Shanghai. Shanghai Wenhui Publishing House. 1993:400.
- [30] Zhang Yu. Research on the history of medical administration in China [D]. Heilongjiang University of Traditional Chinese Medicine,2014.
- [31] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122. DOI: 10.16382/j.cnki.1000-5579.2005.01.005.
- [32] Hu Chuan-kui, An overview of the founding of the Peking Union Medical College [A]. Selected literary and historical materials. 43 vols [Z]. Beijing: Literary and Historical Materials Publishing House, 1980.
- [33] Yu Jie. A study of modern Western medical groups [D]. Jilin University, 2008:106.
- [34] On the desirability of clean ground government in China [A]. New academic series [Z]. Dec. vol. 1, lower.
- [35] Wang Xiaocui. A study of Chinese and Western medical polemics in the Republican period [D]. Qufu Normal University, 2010:41.
- [36] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122. DOI: 10.16382/j.cnki.1000-5579.2005.01.005.
- [37] For the above information recorded by the Japanese before 1907, see Zhang Zongping's translation, Beijing Zhizhi materials of the late Qing Dynasty, Beijing Yanshan Publishing House, 1994, p. 460.

- [38] He Xiaolian. On the overflowing of the modernization of public health in China [J]. Academic Monthly. 2003.(2).
- [39] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122.
- [40] Haroll Balme, China and Modern Medicine-A Study in Medicine Missionay Development.1921, p.19.
- [41] Hao Xianzhong. A study of the controversy over the abolition of Chinese medicine in modern times [D]. East China Normal University, 2005:36.
- [42] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122.
- [43] Hao Xianzhong. Western medicine and the beginning of modern medical and health care in China[J]. Journal of East China Normal University (Philosophy and Social Science Edition), 2005(01):27-33+122.