

## ***A Barefoot Doctor's Manual* as a “Medical Bible”: Medical Politics and Knowledge Transmission in China<sup>1</sup>**

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**Abstract:** This paper examines the origin, compilation, and circulation of *A Barefoot Doctor's Manual* (*Chijiao yisheng shouce* 赤脚医生手册), exploring the relationship between medical politics and knowledge transmission in China, and its impact on the promotion of Chinese medicine across the world. Barefoot doctors were a special group of rural medical practitioners active in a very special socio-political context. Various editions of barefoot doctor manuals and textbooks were published across China after the first publication of the *Manual* in 1969. The publication of these manuals and textbooks became an indelible hallmark of the “Cultural Revolution” (1966–1976), when political publications predominated. The *Manual* was not only a guide for barefoot doctors in their daily study and practice, but also a primary source of medical knowledge for ordinary people. In the middle of the 1970s, the *Manual* was translated into many languages and published worldwide. This paper argues that the publication of *A Barefoot Doctor's Manual* embodied a public-oriented mode of knowledge transmission that emerged and was adopted during a very specific era, and though it was eventually substituted by a mode of training embedded in the formal medical education system, it demonstrated the impact of politics on medicine and health in the context of resource scarcity and low literacy. Changes in China's geopolitical status, the West's pursuit of alternative approaches to medicine and health, and the World Health Organization's (WHO's) concern over health universality and equity all contributed to the translation and circulation of the *Manual*, facilitating the dissemination of Chinese medicine worldwide. The paper thus presents empirical and theoretical contributions to research on the relationship between medical politics and knowledge transmission in China.

**Keywords:** *A Barefoot Doctor's Manual*, medical politics, knowledge transmission, circulation, Chinese medicine

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**摘要:** 本文分析《赤脚医生手册》的起源、编写和发行,探讨20世纪六七十年代中国医疗政治与知识传播之间的关系及其对中医在世界范围内发展所产生的影响。赤脚医生是特殊社会政治背景下产生的特殊的乡村医疗者群体。自1969年《赤脚医生手册》首次发行之后,各种版本的赤脚医生手册和教材在全国各地出版发行。在政治出版物占主导的“文化大革命”时期,这些医学手册和教科书成为一种特殊现象。《赤脚医生手册》不仅是赤脚医生日常学习和实践的指南,而且是普通民众医疗知识的重要来源。在1970年代中期,《赤脚医生手册》被翻译成多种文字在各国发行。本文指出,《赤脚医生手册》的出版作为一种面向大众的补充的知识传播模式,也是一种在特定时代出现和采用的模式,该模式最终被正规医学教育体系下的培训模式所取代;体现了在资源匮乏和教育水平较低状况下政治对医疗和卫生产生的影响。地缘政治的变化、替代医学在西方社会的兴起以及世界卫生组织对卫生普及和公平的关注促使了《赤脚医生手册》的翻译发行,并推动了中医在世界上的传播。由此,本文对中国医疗政治和知识传播之间的关系贡献了一项理论和实证研究。

**关键词:** 《赤脚医生手册》, 医疗政治, 知识传播, 发行, 中医

## 1 Introduction

In 1968, at the height of the “Cultural Revolution,” the Communist Party of China initiated a massive public-health initiative, one that would have far-reaching consequences for the medical development of the world’s most populous country. The centerpiece of the program was the introduction of “barefoot doctors” into Chinese villages. Soon every village had at least one barefoot doctor to provide basic medical care, and the program created a national network of health-care services for the very first time. From their first appearance, the medical practice of the barefoot doctor was popularly described as “one silver needle and a bunch of herbs,” a reference to acupuncture and Chinese herbal medicine, though these health professionals combined Chinese and Western medicine in their practice (Fang 2012, 1–2). Over the past decades, studies on these barefoot doctors have gone through several major thematic shifts, from looking at health politics, to medical practice, visual representation, and then to literary narratives (Fang 2019; Gross 2018; Li 2015; Lampton 1977).

An important medical publication creates specifically for this nationwide public health movement, *A Barefoot Doctor's Manual* has been mentioned, though under-examined, in these meticulous, interdisciplinary studies of barefoot doctors. It was first published in Shanghai in 1969. Thereafter, different editions of similar manuals and textbooks were published across China. These publications became an important source of medical and pharmaceutical knowledge for barefoot doctors during their medical practice, as well as for ordinary residents in everyday life. During the 1970s, such manuals and textbooks were, in terms of circulation, the most popular publications in the fields of science, technology, and medicine (Yi 2011, I). From the mid-1970s, *A Barefoot Doctor's Manual* was further translated into various

foreign languages and published worldwide, the English version being the most influential.

This paper examines the origin, compilation, and circulation of *A Barefoot Doctor's Manual*, exploring the relationship between medical politics and knowledge transmission in Mao's China, and its impact on the promotion of Chinese medicine across the world. The paper first examines how traditional ways of knowing obstructed knowledge transmission within nationwide medical and health programs, and explores how medical politics in the mid-1960s made change imperative. It discusses why and how the *Manual* and similar textbooks were compiled in order to develop an "ideal knowledge" structure for barefoot doctors in terms of their editors, formats, and content. The article further addresses the circulation and distribution of the *Manual* and similar medical publications. It describes how *A Barefoot Doctor's Manual* functioned as a "medical bible" for both barefoot doctors and ordinary people in their everyday practice and life. In its conclusion, this paper investigates the geopolitical and medical circumstances surrounding the *Manual's* translation and publication in the West. It examines how the English edition re-assessed and defined traditional treatments recommended in the Chinese version, and contributed to the promotion of Chinese medicine worldwide.

## 2 Traditional ways of knowing and medical politics

In studies on the social history of medicine in China up to the Late Imperial period, the ways in which medical knowledge was transmitted are basically classified as either scholarly or non-scholarly (Hinrichs 1998, 303–308). Scholarly transmission refers to the ways in which the literati or Confucian physicians obtained medical knowledge. Traditionally, there were three kinds of scholarly transmission: studying under a master, training within families, clans, and lineages, and self-study (Sivin 1995, 194; Wu 1993–1994). Among these, the family played the most significant role. A family's medical tradition was also a key criterion used to judge each medical practitioner's proficiency (Scheid 2002, 119). Non-scholarly transmission refers to the oral transmission of the medical knowledge of folk healers through practice within families, such as midwifery, or the healing methods of religious sects and other groups (Landy 1977, 416–417).

Regardless of whether forms of learning were scholarly or non-scholarly, medical knowledge, techniques, recipes, and healing experiences were not readily shared with others. Instead, they were often "jealously guarded and passed down from generation to generation, because the monopoly on a cure ensured the continued patronage of patients, and thus a lucrative income" (Croizier 1968, 87; Wu 1959, 571). Wu Lien-Teh even held the opinion that the personal nature of these transmission methods limited

both the breadth of the dissemination and the number of recipients of medical knowledge. It was further limited by the various schools and lineages of Chinese medicine, because these did not exchange knowledge or experience with each other, thus limiting progress (Wu 1959, 567). From the late nineteenth century, changes took place following the beginnings of Western-style formal school education and the establishment of professional associations that resulted from China's broader efforts to modernize (Scheid 2002, 125–126). However, the healers that made up the plurality of the Chinese medical world in rural areas before 1949 still followed longstanding traditions of knowledge transmission, that is, family-based and apprenticeship-based systems confined to the local community.

After 1949, the People's Republic of China's newly established state medical system sought to replace these traditional ways of acquiring medical knowledge in order to meet the demands of a modern, integrated national health program. The government disapproved, on ideological grounds, of the private monopoly of knowledge held by traditional teachers (Scheid 2002, 169; Croizier 1968, 181). Accordingly, the modes through which medical knowledge was disseminated in China became a public-oriented mode, driven by the state's desire to increase the number and quality of practitioners. By the mid-1960s, ways of knowing became a vital feature of transgenerational transmission within a local community (Fang 2012, 20–45), but the number of recipients and breadth of dissemination of medical knowledge were still limited.

The traditional ways of knowledge transmission required a public-oriented mode to match the implementation of nationwide medical and public health movements. By the mid-1960s, medicine and health for China's vast rural areas became even more of a political issue, as indicated by Mao's criticism of the Ministry of Health, which later became known as the "June 26 Directive" (Zhu 1990, 112–130). At the same time, the geopolitical changes associated with the Cold War resulted in serious Sino-Soviet and Sino-US military tensions in the north and south. Mao pointed out that war was likely to break out soon, and he proposed the strategies "Prepare for Struggle, Prepare for Famine, For the People" (备战、备荒、为人民). This geopolitical change also impacted on medical politics. In Mao's opinion, medical and health agencies were concentrated in urban areas, and medical staff were not familiar with rural areas. Neither were they ready for war. He instructed that medical staff should practice in rural areas, embed themselves in rural society, and help to develop medical and health units that would form a crucial content of the "Prepare for Struggle" agenda (Yi 2011, 178; Yao 2007).

The government implemented a series of measures to improve medicine and health in rural areas, one important aspect of which was the publication and circulation of appropriate medical knowledge. The emergence of such medical publications signaled the introduction of a public-oriented mode of medical knowledge transmission (Wu

1993–1994). This expanded the range of people who had access to medical knowledge. In the villages—regardless of whether we are talking about traditional Chinese medical doctors with experience in practicing medicine before 1949, or apprentices who trained after 1949—medical books played an important role in the formation of their knowledge. However, the supply and dissemination of such books were limited. Until the late 1950s, there was still no system for publishing medical textbooks nationwide (Leung 2003, 396).

Under such circumstances, the government started publishing medical, pharmaceutical, and health-related books that targeted rural areas. According to publishing statistics from June 1957 to April 1966, a total of 16 such medical books were published, each with a circulation in the millions. These included *Acupuncture textbook for rural health workers* (*Nongcun weishengyuan zhenjiu keben* 农村卫生员针灸课本, 5.78 million copies), *Rural doctor's manual* (*Nongcun yisheng shouce* 农村医生手册, 5 million copies), and *Rhymed recipes* (*Tangtou gejie* 汤头歌诀, 4.05 million copies). These publications accounted for 48.3% of all science, technology and medicine books each with a circulation of more than one million copies during the same period. The titles of six of the books contained the words “rural (nongcun 农村)” and “half-peasant (bannong 半农).” Of special note is that the majority of these books were published after August 1965, that is immediately after Mao’s “June 26 Directive” (Yi 2011, 115–119). These publications laid the foundation for *A Barefoot Doctor's Manual* and other textbooks published in 1969 and afterwards.

### 3 Compiling the *Manual*: Editors, contents, and versions

After September 1968, as one of the “newly emerged things” (xinsheng shiwu 新生事物) that reflected the political ideology and rural development strategies of the “Cultural Revolution,” barefoot doctors were rapidly popularized, and cooperative medical stations were set up with revolutionary zeal in villages nationwide. The scheme significantly increased the number of medical and health workers in each village, and formed the lowest level of a three-tiered state medical system that comprised the county, commune, and brigade (village) levels. Correspondingly, the sources and types of medical knowledge barefoot doctors received were radically diversified. Gradually, transmission modes became no longer confined to transgenerational transmission in the local community. Instead, class training at county hospitals and health schools became the main method.

However, this mode of training brought about by a nationwide public health movement suffered from two critical problems. First, the length of training was usually quite short due to the constraint of medical recourses—ranging from a few weeks to three months. Second, the education and literacy level of barefoot doctors was

generally low, which directly determined their degree of medical proficiency, and consequently affected the medical service they were able to provide. For example, there were twenty-eight barefoot doctors in the twenty-one production brigades of Jiangzhen 江镇 Commune, Chuansha 川沙 County, Shanghai Municipality, where the barefoot doctor program originated. Their average age was twenty-three, and they were educated only to elementary school or middle school level. Some had studied at school for only two and a half years (*People's Daily* 1968). Wang Guizhen 王桂珍, the first woman barefoot doctor in Jiangzhen Commune, who was praised highly in an article in the *People's Daily*, described herself thus: "Before I started working as a barefoot doctor, I only studied at school just for a few years, and attended three to four months of medical training. My literacy level is very low, and basic knowledge is poor" (Wang 1974, 7).<sup>3</sup>



**Figure 1:** *A Barefoot Doctor's Manual* (Shanghai Chinese Medicine College et al. 1969).

Thus, in order to promote a nationwide health program at the quickest possible pace, manuals or textbooks with a unified body of knowledge that specifically targeted these partially literate barefoot doctors were needed. In 1969, Shanghai Science and Technology Publishing House published the first edition of *A Barefoot Doctor's Manual* edited by the Shanghai Chinese Medicine College, Zhejiang Chinese Medicine College, and Zhejiang Institute for Chinese Medicine (Shanghai Chinese Medicine College et al. 1969). This was revised and republished in October 1970. As the editor wrote in the introduction to this edition, the book was written by more than a hundred physicians belonging to various departments from Longhua Hospital and Shuguang Hospital affiliated with the Shanghai Chinese Medicine College. During the compilation process,

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3 “在这之前，只读过几年书，参加过三、四个月的短期医务培训。文化水平低，基础知识差。”

some contributors conducted fieldwork in Zhejiang, Jiangxi, Anhui, and Jiangsu provinces (Shanghai Chinese Medicine College et al. 1970, vii).

The guiding principles of the compilation of the *Manual* reflected the concerns of medical politics since the mid-1960s; namely, improving medicine and health in rural areas, preparing for war, and highlighting historical commitment. Chairman Mao's instruction "Stress Medical and Health Work in Rural Areas" was placed on the first page,<sup>4</sup> followed by quotations from a number of his sayings:

Prepare for War, Prepare for Famine, For the People. . . . We should actively prevent and cure the illnesses of the masses and develop medicine and health. . . . To study our historical heritage and make a critical summary by Marxist methodologies is another task of our study. (Shanghai Chinese Medicine College et al. 1970)<sup>5</sup>

The *Manual* highlights the role of barefoot doctors in preparations for war:

We "barefoot doctors" should absolutely implement Chairman Mao's great principle "Prepare for War, Prepare for Famine, For the People," and fully commit to medical and health work. We should all work for the preparation for war, and transform rural areas into a gloriously red school of Mao Zedong Thought. If imperialists, revisionists, and anti-revolutionaries dare to invade our country, the rural areas will be their burial ground. (Shanghai Chinese Medicine College et al. 1970, ii)<sup>6</sup>

In *A Barefoot Doctor's Manual* published by the Revolutionary Committee of Hunan Province Chinese Medicine Research Institute in 1971, the editors cite six of Mao's quotations. These instructions broadly cover political, medical and ideological principles, and elaborate on the commitments to the nation, preparations for war, the emphasis on medicine and health in rural areas, policies towards Chinese and Western medicine, and China's contribution to the world.

Enhance vigilance, safeguard the homeland; Prepare for War, Prepare for Famine, For the People; Stress medical and health work in rural areas; Unite medical and pharmaceutical workers of new and old Chinese and Western medicine to form a solid united battle line, and strive for great health work for the People; China's construction depends on ourselves. We should study very hard; China should make great contributions to humankind! (Revolutionary Committee of Hunan Province Chinese Medicine Research

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4 "把医疗卫生工作的重点放到农村去。"

5 "备战、备荒、为人民。……应当积极地预防和医治人民的疾病，推广人民的医药卫生事业。……学习我们的历史遗产，用马克思主义的方法给以批判的总结，是我们学习的另一任务。"

6 "我们'赤脚医生'一定要贯彻执行毛主席'备战、备荒、为人民'的伟大方针，做好农村卫生工作。我们一切从备战出发，一定要把农村办成红彤彤的毛泽东思想大学校，帝、修、反胆敢侵犯我国，广大农村就是他们的葬身之地。"

Institute 1971)<sup>7</sup>

As a comprehensive medical textbook, *A Barefoot Doctor's Manual* covered all essential topics in medical education, such as public health and epidemic prevention, necessary surgical skills, and human anatomy. The remaining parts of the book cover medicines and the prevention and treatment of common diseases. The section on medicines includes both Chinese herbal medicine and Western medicine. In the Chinese medicine section are descriptions of each medicine's medicinal properties, a list of conventional Chinese medication used to treat different diseases, and patent medicines. The Western medicine section lists conventional medicines, basic techniques for using them, and primary clinical data.

In addition, new healing methods were introduced during the "Cultural Revolution," and publicized extensively through these textbooks, notably new acupuncture techniques. The sections on common disease prevention and treatment focused mainly on drugs, but they also covered internal medicine, surgery, gynecology and obstetrics, the five sense organs, dermatology, and pediatrics. Each section begins with interpretations of different etiologies followed by a few typical sections, including key points of diagnosis (asking about medical history, conducting physical examinations and medical tests), treatment (general treatment, herbal medicine and simple recipes, treatment according to syndrome differentiation 辨证论治 associated with Chinese medicine), and treatment following etiologies if confirmed (Shanghai Chinese Medicine College et al. 1970). This format emphasized the different treatment methods for disease, including new acupuncture, Chinese herbal medicine, and treatment according to syndrome differentiation, along with methods from Western medicine.

Take heat stroke as an example (Figure 2). The *Manual* first introduces the reasons leading to heat stroke. Then it provides a table of diagnostic methods for different categories of heat stroke. Following this table, the *Manual* suggests a few prevention methods, including how to take rest and medicine, and how to respond to serious symptoms. Then, the *Manual* lists eight detailed methods for treating heat stroke, including new acupuncture therapies, scraping, massage, and herbal medicine. This style of compilation is the most characteristic feature of the *Manual*, distinguishing it from the medical textbooks for rural health care workers before 1969, such as *Textbook for half-peasant-half-doctors* (*Bannong banyi jiaocai* 半农半医教材) published in 1967. This format was further adopted in different versions of the manuals and textbooks for barefoot doctors published from then on.

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7 “提高警惕，保卫祖国。备战、备荒、为人民。把医疗卫生工作的重点放到农村去。团结新老中西各部分医药卫生工作人员，组成巩固的统一战线，为开展伟大的人民卫生工作而奋斗。中国靠我们来建设，我们必须努力学习。中国应当对于人类有较大的贡献。”



The *Manual* also illustrates the specific medical techniques. For instance, there is a chapter on battlefield first aid, as well as three protections against nuclear, chemical and bacterial weapons as a part of the efforts of the campaign “Prepare for War, Prepare for Famine, For the People” (Shanghai Chinese Medicine College et al. 1970, 196–222). Chapter 14 covers women’s diseases and birth delivery, which corresponds to the nationwide program to improve maternal and child health care which had been on-going since the 1950s (Shanghai Chinese Medicine College et al. 453–489). Interestingly, Chapter 15 provides detailed introductions to medical techniques associated with family planning, such as contraception, abortion, and sterilization, which were promoted in urban areas in the early 1970s (Shanghai Chinese Medicine College et al. 1970, 490–498).

**Table 1:** Contents of *A Barefoot Doctor’s Manual*

<b>Chapter 1</b>	How to prevent diseases
<b>Chapter 2</b>	How to understand and treat diseases
<b>Chapter 3</b>	How to diagnose using Chinese medicine
<b>Chapter 4</b>	Acupuncture and massage
<b>Chapter 5</b>	New therapies (new acupuncture)
<b>Chapter 6</b>	Common Chinese herbal medicines
<b>Chapter 7</b>	First aid and three-preventions (nuclear, chemical, and bacterial weapons)
<b>Chapter 8</b>	Diagnosis and treatment of common symptoms
<b>Chapter 9</b>	Medical emergencies
<b>Chapter 10</b>	Infectious diseases
<b>Chapter 11</b>	Parasitic diseases
<b>Chapter 12</b>	Internal medical diseases
<b>Chapter 13</b>	Common children’s diseases
<b>Chapter 14</b>	General knowledge of women’s diseases and birth delivery
<b>Chapter 15</b>	Family planning
<b>Chapter 16</b>	External medical diseases
<b>Chapter 17</b>	Fractures and wounds
<b>Chapter 18</b>	Ophthalmology
<b>Chapter 19</b>	Ear, nose, throat and mouth diseases
<b>Chapter 20</b>	Skin diseases
<b>Chapter 21</b>	Appendix (basic diagnostic techniques, common Chinese patent medicines, and common Western pharmaceuticals)

(Shanghai Chinese Medicine College et al. 1970).

<p>慢,肌肉松弛,瞳孔缩小,呼吸缓慢,收缩压下降,舒张压无变化或略降低。</p> <p>(二)发病前多数有强烈刺激。过度疲劳、衰弱或长期蹲立等诱因。</p> <p>(三)注意与昏迷、休克、硬剂中毒性严重心律失常(阿-斯氏症候群)、高血压脑病、低血糖症和癫痫鉴别,详见各专节。</p> <p>【治疗方法】</p> <p>(一)平卧不用枕头或稍抬高下肢,同时松开衣扣,并注意保暖。</p>	<p>(二)针刺人中、少阴。或用手指人中,涌泉与少阴亦可。</p> <p>(三)通关散吹入鼻孔,得嚏即止开窍。</p> <p>中暑</p> <p>因较长时间在日光下曝晒或高温引起的疾病,总称中暑,俗称发痧。包括日射病、热痉挛、热衰竭、热射病,三者可以单独出现,亦可合并出现。</p> <p>【鉴别诊断】 见表 9-6。</p>	<p>当茶喝。</p> <p>(三)准备人丹、十滴水及清凉油等常用防暑药品。</p> <p>(四)如感到不出汗或突然停止出汗,心跳加快,头晕,应立即到凉处休息。</p> <p>【紧急处理】</p> <p>(一)尽快把病人抬到荫凉的地方,解开衣扣和腰带,把上身稍垫高,然后用温水敷头部及全身,后用凉水或井水敷病人的头部,或用酒精遍擦全身。同时,给病人降温,按摩四肢及皮肤,以促进血液循环,增加散热能力。如病人神志清醒,给饮大量的冷茶或糖水、盐水、苏打水、西瓜汁等。</p> <p>(二)新针疗法:</p> <p>(主穴) 十宣、人中、涌泉。</p> <p>(备穴) 百会、曲池、大椎。</p> <p>(治法) 刺十宣出血,再针人中、涌泉,后刺备穴,中、强刺激。</p> <p>(三)刮痧疗法: 如痧气较重,有发冷、发热、头痛、胸腹疼痛、呃逆下泻、手脚麻木、神志昏迷现象时,用瓷质或钝的片状用具,蘸冷水,刮背脊两侧、颈部、胸肋、肩臂和膝窝等处,使皮肤出现红紫色后,再用棉花蘸蒜油或食油涂擦,腹部则以食盐摩擦,效果很好。</p> <p>(四)推拿疗法: 重拿合谷、内关、人中穴,以醒为度;然后拿委中穴,按足三里 1 分钟,待其清醒后,取坐势,再拿风池穴 15 至 20 次;如胸闷,横膈胸肋(重点在华盖、膻中穴),以热为度;最后拿肩井 15 至 20 次。</p> <p>(五)草药单方:</p> <p>1. 黄荆叶捣汁滴鼻,或用卧龙丹(成药)少许吸人,使打喷嚏,如更严重的,可调用卧龙丹冷水内服。</p> <p>2. 黄荆叶、鱼腥草各三钱,泡水瓶。如汗多者,用沙参四钱,麦冬三钱,五味子一钱,水煎服。或服行军散一分,或用辟瘟丹一包(四片),开水化服,孕妇均忌用。</p> <p>(六)中医辨证施治:</p> <p>1. 气分实热: 高热,无汗,口干而渴,脉洪大,宜清解气热。生石膏一两至二两(先煎),知母三钱至五钱,甘草一钱半至三钱,香薷二钱,水煎,每日分二次服。</p> <p>2. 热盛伤阴: 发热,口干,舌质红或绛,脉细数,宜清热生津。鲜竹叶三钱至五钱,生石膏一两(先煎),麦冬二钱至三钱,石斛三钱至四钱,甘草一钱半,水煎,每日分二次服。</p> <p>(七)对症治法:</p> <p>1. 对热盛、热衰竭病人,应快速静脉注射生理盐水,并可同时采用针刺治疗。热盛者针刺大椎、曲池、内关、劳宫、十宣(出血);热衰竭除针刺上述穴位外,再加足三里、委中(出血)、涌泉。</p> <p>2. 有呼吸循环抑制者,立即皮下注射苯甲酸钠咖啡因 0.25 克,可拉明 0.375 克。同时可针刺治疗,取穴同热衰竭。</p> <p>3. 高热型中暑: 安乃近 0.5 克肌肉注射,或冬眠灵 12.5 毫克,加入 20 毫升生理盐水中静脉注射;针刺治疗取穴大椎、内关、曲池、足三里。</p> <p>(八)严重病人应积极处理,同时设法转送医院。</p> <p>呼吸困难</p> <p>呼吸困难是一种病理的呼吸现象。患者有呼吸不畅、空气不够用的感觉和各种费力呼吸的体征,如鼻翼</p>
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Figure 2: Treatment of heat stroke in *A Barefoot Doctor's Manual* (Shanghai Chinese Medicine College et al. 1970, 271–272).

In terms of number of pages, the key content of *A Barefoot Doctor's Manual* mainly focuses on disease prevention, Chinese medicine (acupuncture, massage and herbal medicine), disease and treatment, diagnostic methods and techniques, as well as Chinese and Western pharmaceuticals, as indicated in Table 2. Furthermore, because the table of contents of the *Manual* contains each disease treatment and prevention and its page number, practitioners and readers could look for any specific information there, then immediately turn to the relevant pages in the main body of the book. The *Manual* thus could be used as a "dictionary" in everyday practice and life, as introduced below.

The release of the Shanghai version of *A Barefoot Doctor's Manual* in 1969 was a hallmark event for medical publications for barefoot doctors. Each locale then started organizing medical and health units and staff to compile manuals and textbooks for barefoot doctors. For example, the Shanghai Municipality required the birthplace of the barefoot doctor program—Jiangzhen Commune Clinic of Chuansha County—to compile a textbook for barefoot doctors' training and practice in 1969. The commune doctor, Huang Yuxiang 黄钰祥, took his previous lecture notes for rural health-care workers before 1965 as a blueprint, and compiled textbooks for barefoot doctors in Southern China (Li 2008). In Zhejiang Province, the Hangzhou Health Revolutionary Committee published *The manual for workers and peasants' medical and health care* (*Gongnong yiliao weisheng shouce* 工农医疗卫生手册) in 1969 (Hangzhou Third People's Hospital et al. 1969).

**Table 2:** Number of pages and percentages of content in the *Manual*

No.	Content categories	Number of pages	Percentages (%)
1	Disease prevention	13	1.70
2	Understanding etiologies	7	0.90
	Diagnostic methods and techniques		
3	Chinese medicine	11	1.48
	Western medicine	24	3.22
	<i>Subtotal</i>	35	4.70
	Chinese medicine		
4	Acupuncture and massage	37	4.97
	Chinese herbal medicine	116	15.59
	<i>Subtotal</i>	153	20.56
5	New therapies (new acupuncture)	11	1.48
6	First aid, three-prevention, and medical emergencies	67	9.00
7	Diseases and treatment	386	51.88
	Medications		
8	Chinese patent medicine	6	0.81
	Western medicine	66	8.87
	<i>Subtotal</i>	72	9.68
<b>Total</b>		<b>744</b>	<b>100</b>

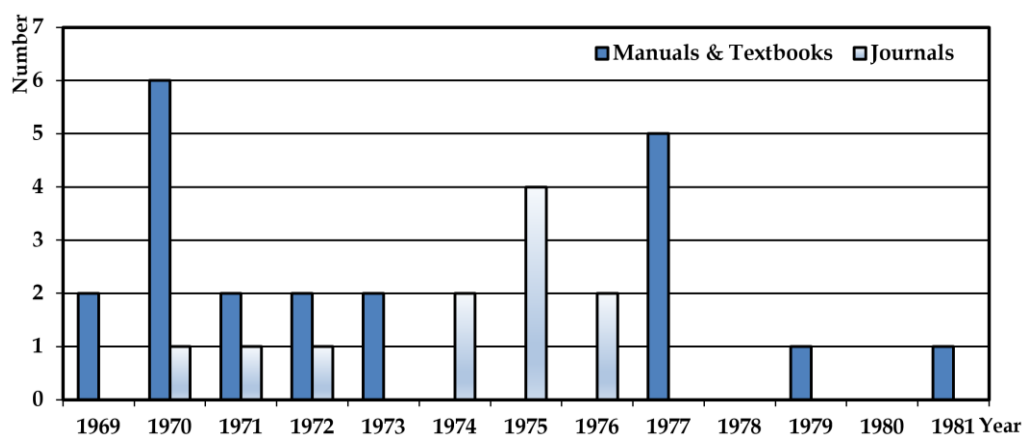
(Shanghai Chinese Medicine College et al. 1970).

In the following year, at least eight such textbooks were published. These textbooks were basically expanded versions of *A Barefoot Doctor's Manual*, usually consisting of two volumes, and the editors themselves did not have much input into their content and format. In March 1973, the People's Health Publishing House published two series of *Barefoot Doctor Textbooks* (*Chijiao yisheng jiaocai* 赤脚医生教材), which were for Southern China and Northern China, based on the versions published by the Jiangzhen Commune Clinic of Chuansha County and Jilin Provincial Medical University in 1970 and 1971 respectively. During the 1970s, the Jiangzhen Commune edited four editions of *Training Textbooks for Barefoot Doctors* (*Chijiao yisheng peixun jiaocai* 赤脚医生培训教材) for the purposes of training, retraining, revision, and reference. There were no significant variations to its contents over the four editions, which basically followed the content and format of *A Barefoot Doctor's Manual*. The differences between the Southern China and Northern China versions mainly lay in the introductions to endemic diseases, such as Keshan disease (endemic

cardiomyopathy) in the north and malaria in the south. According to the catalogue of the National Library of China, a total of twenty-one textbooks were published between 1969 and 1981 (National Library of China 2019). This number does not include textbooks published by prefectures and counties, and those supplementary books specializing in particular themes, such as Chinese herbal medicine, acupuncture, infectious disease prevention, etc. For example, Hebei Provincial New Medical University edited and published a ten-volume series of *Questions and Answers for Basic Medical Science* (*Jichu yixue wenda* 基础医学问答).

Following the publication of such manuals and textbooks, the People's Health Publishing House commenced publication of the *Journal of barefoot doctors* 赤脚医生杂志 in December 1972. As a comprehensive magazine for intermediate-level medical, pharmaceutical and health professionals, the readership of this journal targeted barefoot doctors and medical staff of commune health clinics in rural areas, as well as grassroots medical staff in factories, mines and the armed forces. The content included a combination of Chinese and Western medicine, the application of new acupuncture techniques in the treatment and the prevention of common diseases, family planning, basic theoretical lectures on Chinese and Western medicine, new pharmaceutical and medical technological inventions and achievements, as well as folk and proven recipes. The major sections included lectures by medical experts, experience exchange, questions and answers, and case discussions. Physicians in urban hospitals were major contributors, elaborating on common diseases and medical techniques relevant for rural areas. There was also a section for barefoot doctors to exchange their clinical experiences. The journal thus became an important supplement to the medical studies and practice of barefoot doctors. As with the manuals and textbooks, some provinces also issued their own journals, such as *Journal of Guangxi barefoot doctors* 广西赤脚医生, *Journal of Zhejiang barefoot doctors* 浙江赤脚医生, *Barefoot doctors* 赤脚医生 (Fujian), and *Journal of Henan barefoot doctors* 河南赤脚医生.

Thus, the publication of *A Barefoot Doctor's Manual* in 1969 brought about a boom in medical publications for rural areas. From 1969 to 1981, there were a total of 170 publications targeting barefoot doctors in the form of manuals, textbooks, journals and other reading material according to the catalogue of the National Library of China. As indicated by Figure 3, the number of publications was closely related to the development of the barefoot doctor program across China, which peaked in 1970 and 1977. The first peak resulted from the nationwide popularization of barefoot doctors and affiliated cooperative medical service schemes in 1969, while in 1976 the percentage of production brigades implementing cooperative medical services reached its peak since the initiation of this program. In both cases, these developments led to huge demand for medical publications for barefoot doctors the following year.



**Figure 3:** Numbers of medical publications for barefoot doctors, 1968–1981 (National Library of China 2019).



**Figure 4:** The barefoot doctor Xu Peichun's collection of reading materials (Courtesy of Xu Peichun, March 24, 2004).

#### 4 Distribution and circulation

Alongside the increasing number of medical publications for barefoot doctors, unique distribution schemes for books were introduced. During the 1970s, the County Health Bureau issued one barefoot doctor training textbook free to each production brigade medical station and commune clinic. Meanwhile, county

hospitals, county epidemic prevention stations, district clinics, commune clinics, and county worker-peasant-soldier schools were given barefoot doctor textbooks for training purposes. This practice even continued into the early 1980s. For example, in order to improve the medical proficiency of barefoot doctors, the Fuyang 富阳县 County Health Bureau of Zhejiang Province purchased a batch of textbooks for secondary schools of health as retraining textbooks in 1980. The County Health Bureau decided to distribute these textbooks to each brigade cooperative medical station for free. The Health Bureau first sent textbooks to each district hospital, and then commune clinics. Barefoot doctors collected books from the commune clinics on production of a letter of introduction from the production brigade. These textbooks covered various subjects, such as Chinese medicine, internal medicine, physiology, biochemistry, pathology, pharmacology, Latin, chemistry, and anatomy (Fuyang County Health Bureau 1980).

This distribution scheme contributed to the huge circulation of *A Barefoot Doctor's Manual* and other medical publications for barefoot doctors. The special nature of this phenomenon is all the more apparent in the sociopolitical context of the radical shrinkage of the publishing industry during the 1960s and 1970s. According to incomplete statistical data, publications in China dropped from 20,143 in 1965 to 11,055 in 1966, a fall of around 50%. By 1967, this number had further declined, and reached only 14.5% of that in 1965. In contrast, the publication of the works of great leaders and revolutionary leaders, political readings, and books on science, technology and medicine boomed (Yi 2011, 149). During the "Cultural Revolution," print runs of the *Selected Works of Mao Zedong* 毛泽东选集 (vols. 1–4) reached 964,860,000 copies, and *Chairman Mao's Quotations* 毛主席语录 reached 1,027,498,000 copies. The circulation of Mao's publications has been claimed to be second only to the Christian Bible (Yi 2011, 156).

Following the trend of August 1965, medical publications continued as the main theme of scientific books. Among those works with a circulation reaching 500,000 copies, a total of 12 types had titles containing "barefoot doctors" and "half-peasants/half-doctors." The circulation for many such manuals and textbooks reached one or even two million, as indicated by Table 3 (Yi 2011, 175). The size of the barefoot doctor cohort was maintained at around 1–1.5 million during the "Cultural Revolution," so each barefoot doctor should have been guaranteed a minimum of one manual or textbook.

In the meantime, the nationwide postal system also enhanced the circulation of journals and ensured that they reached the barefoot doctors in a timely fashion. The increasing variety and number of medical publications, as well as the distribution methods, were unprecedented in the social history of medicine in China's villages, and greatly facilitated the dissemination and exchange of medical knowledge.

**Table 3:** Circulation of selected manuals and textbooks for barefoot doctors, 1966–1981

No.	Titles	Editors	Year	Circulation/ Million
1	<i>Textbook for half-peasant-half-doctors</i> 半农半医教材	Tianjin Health Bureau	1967	1.97
2	<i>A Barefoot Doctor's Manual</i> (1st ed.) 赤脚医生手册（第一版）	Shanghai Chinese Medicine College	1969	0.46
3	<i>A Barefoot Doctor's Manual</i> (internal circulation) 赤脚医生手册（内部发行）	Tianjin	1970	1.00
4	<i>Training textbooks for barefoot doctors</i> 赤脚医生培训教材	Jiangzhen Commune Clinic, Chuansha County	1970	1.00
5	<i>Retraining textbooks for barefoot doctors</i> 赤脚医生复训教材	Jilin Medical University	1972	0.61
6	<i>Textbooks for barefoot doctors</i> (Retraining in southern China) 赤脚医生教材 (供南方地区复训使用)	Jiangzhen Commune Clinic, Chuansha County	1973	0.89

## 5 A “medical bible” in everyday practice and life

In view of the briefness of their training, *A Barefoot Doctor's Manual* and similar textbooks were important for barefoot doctors as it allowed them to study and improve their medical proficiency. No matter whether barefoot doctors received training at county hospitals or health schools, district and commune clinics, or even from army doctors, their primary training during the 1970s was not long. Course lengths ranged from 10 days to a year. In addition to attending primary training sessions when they were first selected to be barefoot doctors, candidates also received retraining when they worked on production brigades. For example, there were 751 barefoot doctors in Shanghai County by 1982. Among them, 447 (59.5%) had received fewer than five months of training, 218 (29%) had studied for 5–11 months, while 86 (11.5%) had studied for more than one year (Fang 2012, 61). Under such circumstances, they needed to keep reading medical books to gain new knowledge for their daily work while developing practical operational skills more readily. Books like *A Barefoot Doctor's Manual* became an essential source of medical knowledge for them to enhance their brief stints of medical training. These publications effectively became their source of immediate medical guidance in their everyday practice.

An author named Xinghuo 星火 recounts their experience in an article entitled “My ‘red treasure book’” (Wo de hongbaoshu 我的“红宝书”): “I have read quite a few books since I was a little child. But I particularly like this ‘red treasure book’ that I have saved for more than forty years. This is a thick book with red plastic covers” (Xinghuo

2012).<sup>8</sup> The author became a barefoot doctor in a production brigade in April 1970, on the first day purchasing an indispensable reference book for barefoot doctors at that time—*A Barefoot Doctor's Manual*:

From then on, this “red treasure book” accompanied me. Every time when I was free, I would study this book. I always compared those illnesses that I treated with the *Manual* and made a summary. . . . I still remember the first time I administered acupuncture. I took the acupuncture needle and referred to those acupuncture points introduced by the “red treasure book.” But I still felt a bit nervous because I was afraid that I would bring pain to my patients. Then I practiced acupuncture on my own body. After I knew how to administer it, I started doing it for patients. . . . At that time, acupuncture needles and herbal medicine were the two important ways of treating patients. Chapter 8 of the “red treasure book” introduces more than 200 types of herbal medicine, and provides illustrations for the purpose of identification. I took the “red treasure book” with me to collect herbal medicine many times, and then processed herbal medicines referring to the methods introduced by the book. (Xinghuo 2012)<sup>9</sup>

*A Barefoot Doctor's Manual* was also an indispensable source of medical and health knowledge for many urban educated youth. In December 1968, Mao Zedong announced that “educated youth must go to the countryside to receive re-education from the poor and lower-middle peasants.” Soon, the “Up to the Mountains and Down to the Countryside” campaign was initiated nationwide. Millions of urban educated young people, secondary junior and senior school students and graduates, were mobilized and sent to rural villages and frontier settlements. Some were selected to serve as barefoot doctors to alleviate the serious shortage of doctors in the villages and farms (Gross 2018). After they returned to the cities, many recalled their experiences in oral interviews and personal memoirs. Among them, the memoirs of such educated youth from Beijing who went to northern Shaanxi and Beidahuang 北大荒 serve as generally representative. Many collections of their memoirs have been published since the 1990s, important sources for understanding how barefoot doctors read and applied the *Manual* in their everyday practice during the 1970s.

One such young woman from Beijing, Zhang Jing 张京, was sent to a remote village in Northern Shaanxi Province. Before departure, she purchased some common medications for her own use. The village she and other educated youth lived in was

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8 “从小到大买过不少书，也读过不少书，但对其中一本我珍藏了 40 多年的‘红宝书’情有独钟，这是一本厚厚的用红色塑料皮包装的书。”

9 “从此，这本‘红宝书’就一直伴随着我。一有空闲就学习，很多时候还结合所看的病例进行对照和经验总结……记得第一次扎银针时，我拿起银针，对照‘红宝书’上介绍的穴位，还是有些紧张，生怕给患者带来痛苦。于是先往自己身上扎，找到感觉后，再给患者扎……那时候，银针和草药是我为患者治病的两件宝。‘红宝书’中第八篇就介绍了二百多种草药，还配有草药图样，以便识别。我曾多次带着‘红宝书’去采草药，对照‘红宝书’所告知的方法进行制药。”



more than ten kilometers away from the local commune clinic. Every time the villagers had a minor illness, such as a headache or fever, they would approach the group from Beijing and ask for medicine. These medicines turned out to be very effective. Soon villagers praised them saying: “It seems that Beijing kids are all doctors (哎, 这些北京娃敢个都是些医生哩).” Zhang recalls: “Facing the eager eyes of villagers seeking treatment, I couldn’t decline their requests. I started studying *A Rural Doctor’s Manual* as a ‘dictionary,’ while using a set of acupuncture needles to practice on my own body. I tried to do something for the villagers” (Zhang J. 1995, 321–322).<sup>10</sup>

In 1969, another Beijing-educated youth, Tingting 婷婷, went to the Heilongjiang Provincial Production and Construction Corp in northern China. In a letter written to her parents in December 1971, she describes how she cured asthma in a village. One day she found that a villager, who used to be active in political studies, was absent from a meeting. She consulted a local doctor, who insisted that this patient suffered from an incurable endemic disease. However, Ting was determined to cure this villager’s disease with folk prescriptions. On the second day, she asked for a leave of absence, and went to the bookstore to buy *A rural barefoot doctor’s manual* 农村赤脚医生手册, the *Manual of Chinese herbal medicine in Heilongjiang* 黑龙江中草药手册, and the *Treasure house of national medicine – Folk prescription and proved prescription* 祖国医学宝库——民间偏方与验方. After returning to the brigade, she studied these books very hard. At last, she cured the villager’s asthma with the assistance of the patient’s family (Tingting 1996, 144–147).

*A Barefoot Doctor’s Manual* was also an important reference book in medical emergencies. The Beijing-educated youth Zhang Yaping 张亚平 went to Inner Mongolia in 1967. She nominated herself to attend a veterinary training class, and studied for four days in 1974. From then on, she became a fulltime veterinarian in her production brigade. Like other areas, the farm she worked on also suffered from a serious shortage of doctors and medicine. Because she had studied veterinary science for a few days, she had medicines for both animals and human beings. The farm was in a lonely and remote area rarely visited by local doctors. One day a villager from a nearby farm approached her because his daughter was suffering from a high fever. Zhang prescribed a few anti-inflammatory drugs and gave her a shot of Analginum. But the fever still didn’t come down. She then diagnosed that the girl might be suffering from tonsillitis, which required an immediate penicillin injection. However, she had never given a penicillin shot to a person, and knew that before giving a penicillin injection a skin test was required. As she describes:

I had never conducted a skin test, either. How should I do it? I planned to try it on my

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10 “看着那每一双企盼救治的眼神, 无论如何不忍心推辞。能凭着一本《农村医生手册》当‘辞典’、一套针灸针往自己身上先试着扎, 尽力为乡亲们解决点问题。”

own body first. I turned to *A Barefoot Doctor's Manual* and found the chapter on penicillin hypersensitive test. I diluted penicillin according to the rate suggested by the book. I first used a syringe needle to penetrate my left wrist, pricked, and then pushed the fluid into my skin. There was immediately a bubble on my hand. I felt that it was right. I made a further observation, and compared it with the description in the book. I thought it should be all right. I pulled the little girl's hand, and stuck the syringe into her wrist. . . . A few days later, the girl recovered from the high fever. (Zhang Y. 1995, 129-130)<sup>11</sup>

Another of her experiences was more dramatic. In the winter of 1974, she assisted in the delivery by a pregnant village woman, who actually came seeking help at the neighboring barefoot doctor's home. As the barefoot doctor was not in, she and a few elderly women helped with the birth, though she had had no previous experience. She recalls: "As usual, I opened *A Barefoot Doctor's Manual* and turned to the section on birth delivery and obstetrics. I checked carefully how long the umbilical cord of the infant should be, where the forceps hemostatic should be placed, where the umbilical cord should be cut off, and last how the umbilical cord should be bound" (Zhang Y. 1995, 129-130).<sup>12</sup>

As these urban educated youth recount, self-experimentation was a distinct feature of studying and improving medical technique following *A Barefoot Doctor's Manual*. Regarding self-experimentation, Susan E. Lederer points out that it was an important characteristic of medical research and treatment in America in the mid nineteenth century. As she puts it, "one way physicians assuaged patients or volunteers' fears about harm in research was to experiment on themselves." For physicians, it was "the obligation to try a new drug or procedure on oneself (or one's pet) before applying it to the patient" (Lederer 1997, 18, 25). Her argument is, to some extent, applicable to barefoot doctors in China during the 1970s. Meanwhile, self-experimentation also had a practical function as a crucial method of self-practice for barefoot doctors owing to the deficiencies caused by their short-term training, as mentioned earlier.

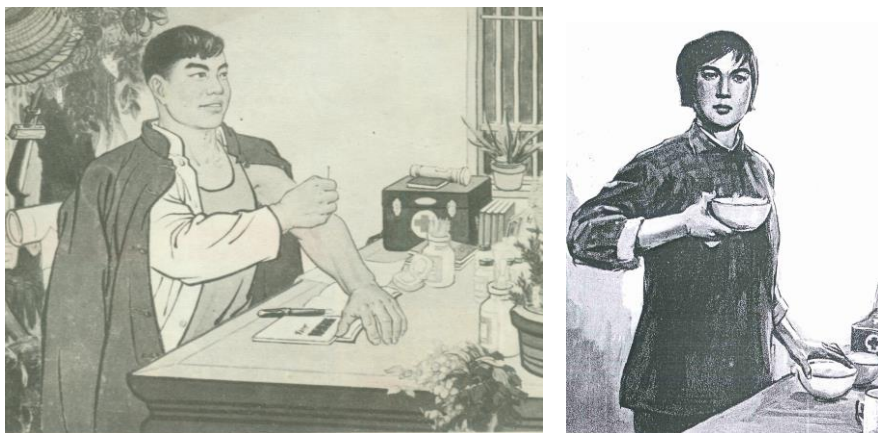
Interestingly, this self-experimentation with acupuncture and Chinese herbal medicine also assumed a symbolic function in official propaganda, literature and film narratives concerning barefoot doctors during the 1970s. Specifically, barefoot doctors were often portrayed as risking their lives to test herbal decoctions (Figure 5). For example, in order to test the maximum dosages and toxin limits that the human body could endure, in an expression of selfless revolutionary spirit both women barefoot

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11 "皮试我也没有做过, 怎么办? 先在自己身上试试。我翻开医疗手册, 找到青霉素过敏试验那一章节, 按照书中要求的比例先稀释青霉素, 我先用针头扎进自己的左手腕皮肉, 再顺势往里一挑, 推进药液, 手腕上鼓起了一个小泡泡, 凭感觉打对了。再观察反应, 和书上的论述比较, 觉得没有问题了。我拉过女孩的手来, 用针头扎进她的手腕处……没过几天, 女孩病好了。"

12 "我习惯地打开《医疗手册》, 翻到了接生助产这一部分, 特别仔细看了婴儿的脐带应留多长, 止血钳应夹在什么位置, 脐带应该在哪里剪断, 最后如何包扎婴儿的脐带等等。"

doctors Zhao Hongmei 赵红梅 and Tian Chunmiao 田春苗 test on themselves the herbal decoctions they prepare (Sha 1972; Xie 1975). Both hesitate when the dosages make them faint. However, Hongmei is described as hearing Chairman Mao's rousing declaration that "if we consider the People's interests, and take the inflictions of the majority of the People into consideration, we die for the People. It is worth it" (Sha 1972, 17–18).<sup>13</sup> Eventually, Hongmei and Chunmiao revive. Similarly, the self-administration of acupuncture as a test was a major theme of propaganda posters concerning barefoot doctors. These works of fiction thus effectively deny or overlook doubts around the efficacy and safety of Chinese medicine and acupuncture, and justify their scientific legitimacy based on such self-experimentation (Fang 2019, 462).



**Figure 5:** Self-Experimentation of acupuncture and Chinese herbal medicine by barefoot doctors in posters and literature. Left: "Stride forward following Chairman Mao's 'June 26 Directive'" 沿着毛主席“六·二六”指示指引的道路前进 (Gongnongbing huabao 1970); Right: "Testing a decoction" 试药 (Sha 1972).

While serving as a reference guide for barefoot doctors in practice, the *Manual* also assisted diagnosis during medical emergencies. In 1969, the educated youth Zhang Dali 张大力 arrived at a remote village in northern Shaanxi Province with his cohort and little sister. He worked as a barefoot doctor of a production brigade. One day he fell off a high cliff on his way to a patient's house. When he was found unconscious in the deep ravine, most believed him dead. Holding little hope, he was carried to the commune clinic. His educated youth mate went back to their cave-dwelling, and checked the *Rural doctor's manual*. After a while, he took a page from the *Manual*, caught up the people carrying the stretcher, and told Zhang Dali's litter sister that Zhang might only be suffering from shock (Xiaoming 1992, 461).

A *Barefoot Doctor's Manual* was also a valuable source of medical and health

13 "但是我们想到人民的利益，想到大多数人民的痛苦，我们为人民而死，就是死得其所。"

knowledge for ordinary people at a time when popular medical publications were still scarce. A retired professor named Jin Tao 金涛 recounts:

*A Barefoot Doctor's Manual* was not only reading for rural doctors. At that time, almost every urban household had such a book. It was very convenient. When children were still very little, they always had illnesses. We used to find solutions in the book, such as how to pinch the spine for eating too much, how to deal with chickenpox, and which medicine to use for mouth sores. (Li 2008)<sup>14</sup>

Interestingly, the *Manual* also became a secret channel by which young people could obtain information about sex, discussion of which was still taboo in Mao's China. In his memoir article entitled *A Barefoot Doctor's Manual*, the Chinese writer Ye Zhaoyan 叶兆言 recounts his story in Nanjing. In the chaotic year of 1969, Ye and his two teenage mates had nothing to do, and just wandered around the streets. In order to show brotherhood among themselves, each one promised to tell a little secret concerning sex: "Each one should share a most exciting and filthy thing, which should be very shameful."<sup>15</sup> The author thought for a while, and eventually told his two friends that his home had a copy of *A Barefoot Doctor's Manual*. In the book, there was a photo of a nude woman, and a detailed description of how women were made (their physiological structure). After he had finished, his two mates "stared wide-eyed. . . . It looked like that they couldn't believe what I said and what the *Manual* introduced."<sup>16</sup> Later they secretly read *A Barefoot Doctor's Manual* together. The author describes that: "When we turned to the chapter on obstetrics and gynecological disease, we read it together. We looked at those figures and giggled naughtily" (Ye 2015, 65).<sup>17</sup>

Compared with Mr. Ye's implicit description, an anonymous author provides a more explicit, nuanced, and vivid memory of reading *A Barefoot Doctor's Manual* when he was a grade one student at middle school. As the author says, *A Barefoot Doctor's Manual* was not student reading. Classmate Z had stolen the *Manual* from his uncle and brought it to school. The book was passed round among the classmates secretly:

I negotiated with classmate Z, and gave him a ballpoint pen in exchange for borrowing *A Barefoot Doctor's Manual* for one night to read. After supper, I went to the study room to do homework very "conscientiously." As I closed the door, my heart thumped. I first quickly browsed *A Barefoot Doctor's Manual*. There is a lot of content, covering common diseases, knowledge of mosquitoes and fly eradication, and prevention against nuclear

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14 "《赤脚医生手册》不仅是农村医生的读物，那时候，城市居民几乎家家都有这样一本书，很方便。当时孩子小，经常犯些小毛病，习惯从手册里找对策，像积食了怎样捏脊；出水痘了怎么办；得了口疮用什么药，都是从手册里学的。"

15 "一定要交代，一定要说一件最有分量最下流的事，要说一件见不得人的。"

16 "两个人眼睛睁得很大……好像都不太相信我说的话，不相信书上竟然会有这些。"

17 "翻到‘产科和妇科疾病’那一章，三个人一起看，一边看图，一边不怀好意地傻笑。"

and biochemical weapons, the usage of Chinese and Western medicine, and everything. But all this content wasn't of interest to me. When I turned to the chapter entitled "Physiological Hygiene," my heart jumped and my face turned hot. This was the first time that I had ever seen figures of men's and women's reproductive organs. Content like that couldn't be seen at that time, or even be talked about. Otherwise, they would be criticized as a hooligan. I immediately put the book in my schoolbag, and listened whether anyone was coming in - I was afraid that if found out, I would become a hooligan. Then I started doing my homework and tried to calm down. However, my mind was still fascinated with that book. Failing to resist the temptation, I started reading the *Manual* again. I read physiological hygiene and psychological changes during puberty, structures and functions of men's and women's reproductive organs, the generation of men's sperm, the origin of a women's period, healthy sexual life and the result of the combination of the sperm and egg. . . . My face turned so hot that it even sweated. But I didn't feel as nervous as at the beginning. I was so attracted by this book. It seems that I entered into another world, which no teacher ever taught, one that I had not read about in other books, and which adults were usually unwilling to talk about. (Nanhu wanbao 2008)<sup>18</sup>

Thus, *A Barefoot Doctor's Manual* played an important role in introducing reproductive and sexual knowledge to young people in the special social and cultural environment of the 1970s, when reading this book in public was considered seriously deviant. In the story mentioned above, the *Manual* kept passing among students at the school after the author had finished reading the book. At last, all the students who had read the *Manual* were criticized and warned by their teachers. Classmate Z was openly and severely criticized at the school's morning assembly (Nanhu wanbao 2008).

While the *Manual* was very popular among barefoot doctors, urban residents, and middle school students, it was not widely accepted among ordinary villagers during the 1970s, mainly because of their relatively low level of education. For example, in Zhejiang Province, as late as 1982 graduation rates for primary and middle school in the villages were 40.59% and 19.6%, respectively, while 39.58% of commune members in rural areas were illiterate (Wang and Wang 1988, 348). Obviously, it was difficult for

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18 “我与 Z 同学商量，用一支圆珠笔换《赤脚医生手册》一个晚上。吃过晚饭，我就很‘自觉’地去房间里做作业，将门栓插上时我的心开始砰砰乱跳。先粗略地翻阅了《赤脚医生手册》，里面内容很多，从常见的病症、灭蚊蝇的知识到核武器、生化武器的防护，甚至中、西医的用药无所不有，但这些内容我都不感兴趣。翻到‘生理卫生’章节时，我心发跳脸发烫了，第一次看到男人和女人生殖器官的图画，这种内容在当时是看不到的，也是不能看更不能说的，否则就成流氓了。我赶紧将书藏入书包，听外面是否有人进来，害怕自己会成为流氓。于是我开始埋头写作业，想平静自己翻腾的情绪，可心思全在那书上了。经不住诱惑，又重新拿出书，我看到了关于青春期生理、心理变化，男人、女人生殖器官构造及功能的描写，还有男人精子的生成、女人月经的来历、健康的性生活、精子与卵子结合的后果……脸烫得快淌汗了，但心理已经从紧张过渡到了吸引和投入，我好像窥视到了另一个世界，那个世界老师从未讲过、其他书上没读到过、大人们总是躲躲闪闪、言顾左右。”

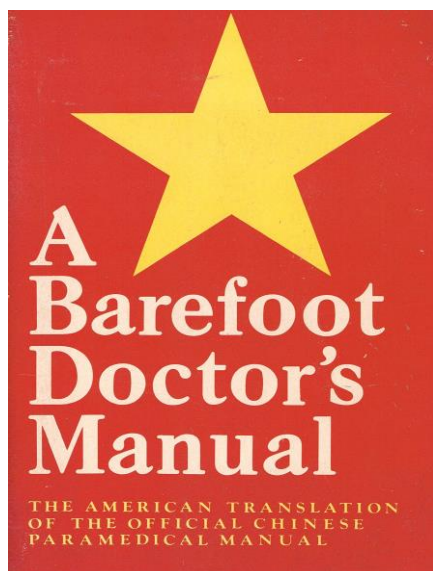
these peasants to understand the content of the *Manual*, or to refer to it in everyday life as urban residents did. To some extent, this could be interpreted as the only shortcoming of *A Barefoot Doctor's Manual*, if it had one.

## **6 The English version and the promotion of Chinese medicine worldwide**

The ideological legitimization of the barefoot doctor program as a “newly emerged thing” during the “Cultural Revolution” facilitated the wide circulation of *A Barefoot Doctor's Manual* and other relevant publications. At the same time, health and medicine took on a specific role in international politics and diplomacy in the special geopolitical context of the Cold War. In fact, the Chinese government had initiated health diplomacy before the barefoot doctor program. As early as 1963, China dispatched its first medical aid team to a foreign country – Algeria, right after its independence. By 1969, the Chinese government had sent medical aid teams to eight African countries (Zhang 2010; Li 2009). After 1969, this health diplomacy extended to the Sino-US relationship, which was further entangled with the vision and practice of health universality and equity endorsed by the World Health Organization (WHO). All these factors contributed to the distribution of *A Barefoot Doctor's Manual*, and promotion of Chinese medicine throughout the world.

Prior to President Richard Nixon's official visit to China in February 1972, the China Medical Association—a Chinese medical professional society affiliated with the Ministry of Health—initiated an important moment in Sino-US non-governmental exchange, inviting “the first U.S. medical delegation to visit the PRC since Liberation” from September 20 to October 14, 1971 (Sidel and Sidel 2013, 121). In 1973, another thirteen-member American medical delegation visited China. The Chinese government arranged for these American medical scientists and physicians to visit China's urban hospitals, rural clinics, and medical research institutions, and to meet with Chinese medical personnel, including barefoot doctors in rural areas. These American physicians played a crucial role in introducing the Chinese medical system, traditional Chinese medicine, and the combination of Chinese and Western medicine to the international medical community (Sidel and Sidel 1973).

Against this background, in 1974 the US Department of Health, Education, and Welfare and the National Institute of Health translated and published *A Barefoot Doctor's Manual* edited by the Revolutionary Committee of Hunan Provincial Chinese Medicine and the Pharmaceutical Research Institute in 1971 (1977, vi) (Figure 6). The *Manual* was given a new subtitle: “The American Translation of the Official Chinese



**Figure 6:** The English version of *A Barefoot Doctor's Manual*, 1977 (Hu-nan 1977).

Paramedical Manual,” and reprinted by the Running Press in 1977. The English version’s introduction states that: “Although this book was never intended to entertain or to provide a unique view of a distant and largely unknown culture, it does have an appeal besides its original purpose as a practical reference work for the use of barefoot doctors in the People’s Republic of China” (Hu-nan 1977, vi). As Table 4 indicates, the content of the English version was the same as the manuals published in other provinces in China. In other words, the translators and editors did not make their own selections of the translated content and preferred treatment methods. The only difference was that the English version did not include the appendixes present in the Chinese version, including the normal reference range of

common clinical tests, the list of Chinese patent medicines, the list of common Western medicines, and the index of common Chinese herbal medicines. Instead, the English version of the Manual added an index for its readers.

As the editor of the English version comments, “the book’s discussion of symptoms is quite accurate, and its first aid techniques are comparable to those established by the American Red Cross. Its advocacy of a medical system focused on prevention, a system in which all the people participate, is admirable” (Hu-nan 1977, vi). Chapter 6 is one of the most important chapters in the *Manual*, accounting for 39% of the total number of pages. Like other manuals, this chapter follows a general pattern: “The first section of each description covers the name of the disease, etiology, pathology, signs and symptoms, important diagnostic features, differential diagnosis and type/form classification of the disease without details” (Hu-nan 1977, vi). As a direct translation of the Chinese version, the introduction to the treatment of each disease in the English version usually contains new acupuncture therapy, Chinese herbs, and Western medicine as well. Chapter 7 on Chinese medicinal plants is another important chapter of the *Manual*. Following the original Chinese version, this section introduces a total of 522 Chinese herbal plants. Each item introduces family, scientific name, synonyms, morphology, properties and action, conditions most used for, and the preparation of one herbal medicine, while providing an illustration. This section accounts for 41.45% of the total pages of the manual. As Chapters 6 and 7 account for more than 80% of the book, the content on acupuncture and Chinese herbal medicine was very impressive for

English readers.

**Table 4:** Content of the English version of *A Barefoot Doctor's Manual*, 1977

<b>Chapter 1</b>	Understanding the Human Body: The sensory system, skin tissue, nervous system, endocrine system, motor system, circulatory system, respiratory system, digestive system, urine system, reproductive system, characteristics of different systems in children, traditional Chinese medicine, understanding of the human body.
<b>Chapter 2</b>	Hygiene: The Patriotic Health Movement, industrial and agricultural occupational health, eliminating pests and disease.
<b>Chapter 3</b>	Introduction to diagnostic techniques: How to understand disease, how to analyze causes of disease, how to make a differential diagnosis.
<b>Chapter 4</b>	Therapeutic techniques: Treatment with Chinese herbs, folk treatment, new therapeutic techniques, and general treatment techniques.
<b>Chapter 5</b>	Birth control planning: Significance of birth control planning, promoting late marriage, contraception, sterilization, new methods for delivery of the newborn.
<b>Chapter 6</b>	Diagnosis and treatment of common diseases: First aid, other medical emergencies, common symptoms, common infectious diseases, parasites, medical diseases, surgical conditions, gynecological and obstetrical disease, common pediatric ailments, and disease of the sense organs.
<b>Chapter 7</b>	Chinese medicinal plants: Introduction of general facts, common Chinese medicinal herbs.

(Hu-nan 1977)

As is highlighted in the English edition, "[T]he most arresting feature of the *Manual* for the Western reader is the inclusion of such treatments as acupuncture, massage, moxibustion, and herbal preparations. This is an important point, for the practice of such techniques makes Chinese medicine a hybrid science, unlike any other medical system." In the meantime, the English edition also pointed out in the "Publisher's Warning": "*The Barefoot Doctor's Manual* has many potential applications. It is hoped that this re-issue will stimulate interest in the treatments discussed and present a model of what a good, simple medical text for the layperson should be. . . . However, there are certain ways in which this book should not be used. It is not the intention of the publisher to endorse for self-practice the treatments described in the text" (Hu-nan 1977, vi).

The editor warns that Western medicine had only recently begun studying acupuncture and moxibustion. Though the techniques had begun to receive some validation based on use in North America, "some well-intentioned laypeople and some medical charlatans have adapted the image, but not the substance, of acupuncture." The *Manual* further commented that the herbs and herbal treatments recommended might be both harmless and effective, but they required practitioners to possess both knowledge and experience in the identification and use of herbs as medicine. In particular, the English version reminded readers of the additional danger that some Chinese herbs may have a close resemblance to varieties found growing in North America, but that does not mean that these Chinese herbs could be assumed to act in



the same way. Thus, the publisher suggests that readers should not use the manual for self-treatment (Hu-nan 1977, vi).

The warning against “self-practice” in the English version contrasted with highly acclaimed self-experiments with acupuncture and Chinese herbal medicine decoctions by barefoot doctors in Chinese villages. To some extent, it was due to the fact that Chinese medicine was introduced and practiced as an alternative medicine in Western society (Zhan 2009). In a society where modern medicine is mainstream medicine, self-experimentation of an alternative medical treatment has no practical legitimacy. The symbolic function of self-experimentation by practitioners and readers had also become insignificant in the sociopolitical context of Western society.

The English version of *A Barefoot Doctor's Manual* aroused quite a bit of interest in the West. As a review essay in *The American Biology Teacher* comments in 1978, “The book provides the reader with a fascinating view of Chinese medicine. Seeing the familiar Western methods of disease diagnosis juxtaposed with the Chinese system of classifying diseases as *yin* (deficient, cold, internal) or *yang* (solid, hot, external) illness is quite startling” (Shmurak 1978, 450).

At the same time, Chinese medicine and the medical model based on the barefoot doctor program also fitted the grand goal of meeting basic health needs in developing countries set by the World Health Organization. In 1976, the World Health Assembly released the Declaration “Health for All by the Year 2000” as a moral imperative, and a commitment to achieving universality and equity. The declaration highlighted three key ideas—appropriate technology (criticism of the negative role of disease-oriented technology), opposition to medical elitism (disapproval of the overspecialization of health personnel in developing countries), and health as a tool for socioeconomic development (Cueto, Brown, and Fee 2019, 174–178). China’s barefoot doctor program was claimed to be “a low-cost solution built around easily available indigenous medicines,” and it was introduced by the WHO in developing countries, such as postcolonial Africa, Southeast Asia, and Latin America (Zhou 2017, 144; World Bank 1992, 18). Among these, Chinese medical teams in African countries facilitated the promotion of the concepts and practice of Chinese barefoot doctor models by the WHO in Africa (Zhang 2010; Li 2009).

As a result, *A Barefoot Doctor's Manual* has been further translated into many languages across the world since the late 1970s. All these translations have contributed to a wide-spread interest in Chinese medicine. For example, acupuncture was introduced to Eastern Africa on a large scale during this period (Zhang 2010; Li 2009; Hsu 2008). By 1999, traditional Chinese medicine was being practiced in one form or another by more than 300,000 practitioners in over 140 countries (Scheid 1999, SIV10). As an important publication introducing Chinese medicine, the *Manual* played a crucial role in this process.

## 7 Conclusion

The publication of *A Barefoot Doctor's Manual* was an important phenomenon in both medical and publishing history in China. It showcased a public-oriented mode of knowledge transmission, and demonstrated the impact of politics on medicine and health in the context of resource scarcity and low literacy. The *Manual*, and similar publications for barefoot doctors, laid bare political intervention in the monopoly on medical knowledge, and thus demonstrated the relationship between political ideology and medical professionals in a nationwide public health movement. The distribution and circulation of these medical publications also highlighted the coordinated scheme that developed between administrative and medical systems. Though the origin and production of the *Manual* and similar textbooks were driven by ideology, they played a crucial role in disseminating medical knowledge in medical practice and everyday life. They became a "medical bible" for grassroots doctors and ordinary residents in the Maoist era. In addition, the barefoot doctor system was a special medical system of practice adopted during a specific historical period. Short-term training made it improbable for barefoot doctors, who were generally unable to acquire medical qualifications under normal circumstances, to gain a profound understanding of medical theories and practice. This explains why this system could not endure after the development of contemporary medical education. Barefoot doctors were to some extent comparable to retrained traditional midwives. Thus, the value of the *Manual* was only confined to a certain period of time, and books as such were gradually replaced by the training mode adopted under the burgeoning formal medical education system. Be that as it may, since the 1970s, changes in China's geopolitical status, the West's pursuit of alternative medicine, and the concern of the WHO over health universality and equity have contributed to the translation and circulation of the *Manual*, and greatly facilitated the dissemination of Chinese medicine worldwide. This finding thus presents empirical and theoretical contributions to research on the relationship between medical politics and knowledge transmission in China.

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