Acupuncture Anesthesia on American Bodies: Communism, Race, and the Cold War in the Making of "Legitimate" Medical Science

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Acupuncture Anesthesia on American Bodies: Communism, Race, and the Cold War in the Making of "Legitimate" Medical Science

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SUMMARY: This article explores the brief American fascination with acupuncture anesthesia, a technique in which needling was used in place of, or in combination with, chemical anesthetics during surgery. In 1971, a series of American medical delegations began traveling to China to observe the procedure and gauge its viability. While some of these physicians were optimistic about the technique's therapeutic possibilities, others were antagonistic to its feasibility in an American context. Previous studies have explained the quick rise and rapid delegitimization of acupuncture anesthesia by invoking the professional interests of biomedical doctors. In contrast, this article rethinks the history of the procedure by casting it against the backdrop of the Cold War. In discussions about the legitimacy of the technique, assumptions about race, communist politics, and Cold War bipolarity were omnipresent, causing acupuncture anesthesia to become a synecdoche for the promises and perils of Chinese communism writ large.

KEYWORDS: acupuncture, anesthesia, China, Cold War, communism, race, Chinese medicine

In the summer of 1971, while Henry Kissinger was secretly meeting with Chinese premier Zhou Enlai, *New York Times* journalist James Reston found himself laid up in a Beijing hospital bed. Having traveled to China to report on "Ping Pong Diplomacy," a monumental step in the

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progressive thaw in U.S.-China relations, Reston suffered a burst appendix and underwent an emergency appendectomy at the Peking Anti-Imperialist Hospital, formerly known as the Peking Union Medical College. What happened next is fairly well known: tormented by postoperative pain, Reston agreed to be treated with acupuncture, an experience he later recounted in his article, "Now, About My Operation in Peking." The acupuncturist on staff, Li Changyuan, inserted three needles into Reston's right elbow and another below his knee. Within an hour, Reston's discomfort had been relieved, and he experienced no complications thereafter.[1]

The success of Reston's procedure quickly took on a life of its own. Upon his return to the United States, Reston was deluged with inquiries from desperate readers, many pleading with him to recommend local acupuncturists who might be able to treat their "incurable" conditions.[2] But it was not just the American public who was enthralled by developments overseas; medical professionals were captivated by the allure of acupuncture, too. In late 1971, a wave of medical delegations began traveling to China to study a new phenomenon known as "acupuncture anesthesia" (*zhenci mazui* 针刺麻醉), a technique in which needling was used in place of, or in combination with, conventional chemical anesthetics during surgery.[3] While acupuncture anesthesia was often supplemented by a local injection near the operating site, practitioners claimed that the pain relief derived primarily from the acupuncture itself.[4] Prior to the surgical incision, physicians stuck needles into the patient's hand, face, or chest, waited for the analgesic effect to take root, then proceeded to operate while the patient remained awake and responsive. Visiting delegations were flabbergasted at the theatrical displays of acupuncture anesthesia they had witnessed abroad and determined to study the phenomenon in more depth upon their return to the United States.[5] Over the next

1. James Reston, "Now, About My Operation in Peking," *New York Times*, July 26, 1971, 1.

2. New York Public Library, James Reston Papers, box 2, file 15.

3. While acupuncture may have adopted different forms throughout this period, including for generalized pain relief, this article is primarily concerned with acupuncture anesthesia in its narrower sense: as an analgesic agent used in surgical procedures.

4. As Lan Li points out, acupuncture anesthesia should more accurately be called acupuncture "analgesia," as it "did not induce general anesthesia but had specific effects on sensation." Lan Li, "Pinpricks: Needling, Numbness, and Temporalities of Pain," in *Imagining the Brain: Episodes in the History of Brain Research*, ed. Chiara Ambrosio and William Maclehose (Cambridge, Mass.: Academic Press, 2018), 205–29, quotation on 207.

5. UCLA Special Collections, John J. Bonica Papers (hereafter JJB), MS Coll. 118, box 66, file 27, National Institute of General Medical Sciences, "For Release in A.M. Papers," July 26, 1972. Many Western physicians decided to focus specifically on acupuncture anesthesia (rather than acupuncture more generally) because it could potentially be reproduced in controlled clinical studies. See UK National Archives at Kew (hereafter NA), MH 160/938, Letter from G. E. Godber to Sir Douglas Black, May 9, 1973.

few years, physicians throughout the country struggled to ascertain the effectiveness and rationale of acupuncture anesthesia—or its lack thereof.

Although acupuncture had long been known within Europe and the United States, acupuncture anesthesia was a new technical development: one that rose to national prominence in China in 1958 and was subsequently introduced to the West in the early 1970s.[6] The relative novelty of the technique caused it to become a subject of intense scrutiny and contestation. Some physicians who had traveled to China spoke passionately about the efficacy of the practice and the structural possibilities it offered for the American health care system. Many others, however, remained skeptical about, if not outright antagonistic to, the procedure's viability. Professional groups like the American Medical Association penned strongly worded warnings against its implementation, while individual practitioners condemned the technique as little more than mystical mumbo-jumbo and countercultural farce.[7] By the end of the decade, it appeared as though acupuncture anesthesia, alongside needling more generally, would eventually fade from public discussion. As the National Institutes of Health's Ad Hoc Advisory Committee on Acupuncture resolved in a formal statement, acupuncture and its anesthetic applications were "sufficiently unpredictable as not to be of practical use in the United States today."[8]

The question of how this determination was made, or why it was made at the time that it was, is a topic that has generated only sporadic interest among historians of medicine. Of the few works that address, in whole or in part, the rapid rise and subsequent demise of acupuncture anesthesia in the Western world, most tend to attribute the entire phenomenon to a single sociological factor: the policing of professional jurisdictions. As Paul Wolpe and Mike Saks have argued, many establishment physicians sought to delegitimize acupuncture because it stood to undermine their desired monopoly over medical care.[9] While Saks considers factors such as safety, public demand, and nationalist sentiment in explaining this

6. On acupuncture's "rediscovery" in the United States, see Tamara Venit-Shelton, *Herbs and Roots: A History of Chinese Doctors in the American Medical Marketplace* (New Haven, Conn.: Yale University Press, 2019), 219–47. On the longer history of acupuncture in the Western world, see Lu Gwei-djen and Joseph Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (Cambridge: Cambridge University Press, 1980); Roberta Bivens, *Acupuncture, Expertise and Cross-Cultural Medicine* (New York: Palgrave, 2000); Linda Barnes, *Needles, Herbs, Gods, and Ghosts* (Cambridge, Mass.: Harvard University Press, 2005).

7. For example, David N. Goldstein, "The Cult of Acupuncture," *Wisc. Med. J.* 71, no. 10 (October 1972): 14–17.

8. JJB, MS Coll. 118, box 52, file 20, "Report to the ASA House of Delegates," 3.

9. Paul Root Wolpe, "The Maintenance of Professional Authority: Acupuncture and the American Physician," *Soc. Problems* 32, no. 5 (June 1985): 409–24; Mike Saks, *Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine* (London: Routledge, 1995).

"climate of medical rejection," he concludes that such variables are less persuasive for understanding acupuncture's trajectory than the professional gatekeeping of establishment doctors.[10] The struggle to discredit the procedure was situated against a wider economic and cultural backdrop, one in which the authority of physicians was being challenged by rising medical costs and increasing demands for holistic healing.[11] It was in light of such provocations that the medical community banded together to mitigate acupuncture's perceived threat. Some disparaged the technique as "quackupuncture,"[12] "witch-doctory,"[13] and "hocus-pocus with knitting needles,"[14] while others went so far as to declare it "outside the province of serious medical science" and the domain of "kooks" and "weirdos."[15] In the struggle to neutralize acupuncture anesthesia's power, the medical establishment pushed it to the margins of medical possibility and situated it alongside quackery and witchcraft.

At the same time that some physicians were seeking to eliminate acupuncture anesthesia from the medical marketplace entirely, others sought to assert their control over the practice by absorbing it into the realm of biomedicine. As Kelly Hacker Jones and Devra Davis have shown, throughout the 1970s American physicians offered various hypotheses to explain acupuncture anesthesia in a scientific language, one that would have been intelligible to biomedical practitioners unfamiliar with the principles of Chinese medicine. By observing the effects of the technique under supposedly controlled conditions, and by offering physiological explanations for its apparent efficacy, physicians attempted to both rationalize the procedure's utility and "maintain their authority over interventions affecting the body."[16] Regardless of their approach, however, the medical community's underlying goal was the same. Through efforts to either assimilate acupuncture anesthesia or undermine it, biomedical physicians aimed to retain exclusive jurisdiction over all aspects of therapeutic care.

10. Saks, *Professions and the Public Interest* (n. 9), 184.

11. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 379–419; James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002), 245–70.

12. Samuel Rosen, "On 'Quackupuncture,'" *New York Times*, May 28, 1974, 39.

13. Walter Tkach, "I Have Seen Acupuncture Work," *Today's Health*, July 1972, 50–56, quotation on 51.

14. As quoted in Wolpe, "Maintenance of Professional Authority" (n. 9), 414.

15. As quoted in Whorton, *Nature Cures* (n. 11), 265.

16. Kelly Hacker Jones, "Ancient Art Meets Modern Science: American Medicine Investigates Acupuncture, 1970–1980," *Asian Rev. World Hist.* 6 (2018): 68–97, quotation on 69; Devra Davis, "The History and Sociology of the Scientific Study of Acupuncture," *Amer. J. Ch. Med.* 3, no. 1 (1975): 5–26, esp. 15–17.

Given the explosion in public interest that followed Reston's headline-making surgery, an emphasis on professional authority is certainly compelling for understanding one facet in the rise and fall of acupuncture anesthesia in the Western world. Yet by focusing almost exclusively on professional considerations, scholars have neglected the broader transnational context in which the technique briefly flourished. When Nixon's plane touched down in Beijing in February 1972, many Americans were given their first glimpse "behind the bamboo curtain" since the People's Republic of China (PRC) had been established close to a quarter of a century earlier. The Cold War loomed large in conversations about acupuncture, at times directly influencing physicians' assessments about the viability of the technique. From widespread suspicion that the Chinese had been "brainwashed" by Maoist propaganda to claims that the success of the procedure could not be disentangled from its communist context, medical studies in the 1970s were consistently interwoven with not just a scientific valuation of acupuncture anesthesia itself but also an assessment of the cultural, racial, and political characteristics of the Chinese people.

This article reevaluates the history of acupuncture anesthesia in the United States by situating the procedure against the backdrop of a shifting global order, one that was characterized by America's simultaneous fascination with and deep fear of communist China. The rise and fall of acupuncture anesthesia in the United States, I argue, was not strictly the result of professional interests. Equally, it was the product of physicians and practitioners who, in their efforts to assess the procedure, alternately reaffirmed or challenged the perceived geopolitical boundaries between the communist East and the capitalist West. By emphasizing the parochialism of the technique, and by suggesting that it was viable only on Chinese bodies in Chinese contexts, some American physicians reinforced the notion that only Western science could circulate beyond national borders while retaining universal efficacy. Conversely, by approaching acupuncture anesthesia as part of a revolutionary, comprehensive approach to health care delivery, other practitioners entertained alternative philosophical and structural possibilities for the provision of health. In both ways, the medical profession—unwittingly or otherwise—either reinforced or undermined Cold War claims about a zero-sum world premised on the ideological and technical superiority of the West.

Adopting a global-minded approach to the brief American experience with acupuncture anesthesia allows for a new perspective: one that shows how transnational and professional concerns could be mutually constitutive in determining the legitimacy of a medical practice. In doing so, this article adds to the burgeoning scholarship on the "global turn" in histories

of science and medicine.[17] In recent years, scholars have recognized the need to move beyond nation-centered analyses of health and healing in order to show how global flows of knowledge, worldwide political trends, and international exchanges of ideas and personnel influence scientific determinations.[18] Such analyses have complemented the work of medical anthropologists like Mei Zhan, Linda Barnes, and Sonya Pritzker, who have illustrated how Chinese medicine is reinterpreted and reinvented as it circulates transnationally.[19] This "worlding" of Chinese therapeutics, to borrow Zhan's term, foregrounds the ways in which crisscrossing networks of ideas and actors produce not just new medical practices but "powerful imaginaries of our worlds."[20] Across Europe, Asia, and the Americas, Chinese medicine has accrued values and modes of implementation that reflect more on the place in which it has been assimilated than on any coherent concept of "Chinese medicine" itself.[21]

In the process of moving across national borders, similarly, acupuncture anesthesia was inflected with layers of meaning that shaped both local understandings of the original practice and collective imaginings of the place—Maoist China—from which those practices derived. To understand the Western fate of the technique, therefore, it is necessary to explore how political assumptions about Cold War bipolarity permeated regional scientific discussions, enabling a single needle to become a synecdoche for the promises and perils of Chinese communism writ large.

17. For example, Fa-ti Fan, "The Global Turn in the History of Science," *EASTS* 6 (2012): 249–58; James Secord, "Knowledge in Transit," *Isis* 95, no. 4 (December 2004): 654–72; Hugh Richard Slotten, Ronald L. Numbers, and David N. Livingstone, eds., *The Cambridge History of Science*, vol. 8: *Modern Science in National, Transnational, and Global Context* (Cambridge: Cambridge University Press, 2020).

18. John Krige, ed., *How Knowledge Moves: Writing the Transnational History of Science and Technology* (Chicago: University of Chicago Press, 2019); Mark Jackson, ed., *A Global History of Medicine* (Oxford: Oxford University Press, 2018).

19. Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, N.C.: Duke University Press, 2009); Sonya Pritzker, *Living Translation: Language and the Search for Resonance in US Chinese Medicine* (New York: Berghahn Books, 2014); Linda Barnes, "A World of Chinese Medicine and Healing," in *Chinese Medicine and Healing*, ed. T. J. Hinrichs and Linda Barnes (Cambridge, Mass.: Harvard University Press, 2013), 284–380.

20. Zhan, *Other-Worldly* (n. 19), 1.

21. See, for example, the discussions of Chinese medicine in Argentina, Germany, and Iraq in Hinrichs and Barnes, *Chinese Medicine and Healing* (n. 19), 294–95, 313–15, 322–23; Linda Barnes, "The Acupuncture Wars," *Med. Anthrop.* 22, no. 3 (2003): 261–301, esp. 265.

Origins of a Medical Breakthrough

Although acupuncture anesthesia first rose to global prominence in 1971, it had originally made headlines in the PRC in 1958, the same year in which the Chinese Communist Party (CCP) launched the Great Leap Forward campaign to accelerate China full-speed into communism. At the time, China was an overwhelmingly poor country, with the vast majority of its people working as subsistence farmers in the countryside. The number of Western-style physicians was near negligible, with some estimates putting the figure at around fifty thousand doctors—a mere pittance in a country of over half a billion people.[22] Compounding the problem was China's lack of medical infrastructure, much of which had been destroyed in the Sino-Japanese War (1937–45), Civil War (1945–49), and subsequent flight of the Nationalist Party (Guomindang) to Taiwan. When the CCP rose to power in 1949, it did so at a time when most rural Chinese would not have had access to modern medical care.

To address these limitations, the CCP turned its attention to the promises of Chinese medicine. In contrast to Western biomedicine, Chinese medicine was relatively inexpensive, did not require years of advanced coursework, and could easily function in the absence of a complex technical infrastructure. In 1958, Mao Zedong, leader of the CCP, famously declared Chinese medicine a "great treasure house" and directed physicians across the country to take it seriously as a legitimate therapeutic system.[23] His interest in promoting the value of indigenous therapeutics was not purely practical, however. Given Mao's personal distrust of doctors of all stripes, he viewed Chinese medicine as a chiefly political tool:[24] in his efforts to rethink the possibilities of medical care in China, he was also seeking to create a new world order based on serving the needs of the global proletariat. As part of this undertaking, he called for the creation of a "new medicine" (*xinyi* 新医), one that would be oriented specifically toward the laboring masses. Characterized by the "unification of Chinese and Western medicine" (*zhongxiyi tuanjie* 中西医团结), Mao's new medicine would distill the most valuable aspects of both systems while eliminating the inherent elitism of the latter.[25]

22. Miriam Gross, "Between Party, People, and the Profession: The Many Faces of the 'Doctor' during the Cultural Revolution," *Med. Hist.* 62, no. 3 (July 2018): 333–59.

23. Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63* (London: RoutledgeCurzon, 2005), 110.

24. For example, Li Zhisui, *The Private Life of Chairman Mao* (New York: Random House, 1994), 84, 211–13, 418.

25. Volker Scheid, "The People's Republic of China," in Hinrichs and Barnes, *Chinese Medicine and Healing* (n. 19), 239–83, esp. 246; Taylor, *Chinese Medicine in Early Communist China* (n. 23), 30–62.

Mao's call for a new medicine was quickly heeded. Across the country, newspapers and state-run media vigorously trumpeted the newfound partnership that had been forged between Chinese and Western medicine. Yet the strength of the alliance did not come to full fruition until later that year, when physicians, compelled by the "spirit of revolution" and the power of Mao Zedong Thought, made a transformative discovery: acupuncture anesthesia.[26] The origins of the technique are, to a certain extent, shrouded in mystery and national mythology. At a time when newspapers were under the strict control of the Ministry of Propaganda, the stories they reported were heavily saturated with nationalist rhetoric and communist ideology, and their dispatches arguably served more to glorify Maoism than to report empirical fact. As the historian Sigrid Schmalzer has argued, however, Mao-era propaganda "meant a great deal to, and had very real consequences for, people on the ground."[27] In the absence of other corroborating sources, nationally circulating accounts such as the ones below shed light on the ways that acupuncture anesthesia was promulgated to, and understood by, the Chinese public during the period of high socialism.

According to contemporary newspaper reports, the inspiration for the procedure emerged when a patient at the Shanghai Number One People's Hospital, after awakening from a routine tonsillectomy, suffered from such intolerable pain that he was unable to swallow. The physicians on call, heeding Mao's words to "unify Chinese and Western medicine," decided to administer acupuncture rather than chemical analgesics. Upon needling a spot on the patient's palm called *hegu* (合谷), a particularly powerful acupoint that falls in the fleshy area between the thumb and the forefinger, the doctors discovered that the discomfort disappeared. The whole affair gave them an idea. If needling could stop a patient's pain once it had started, why could it not *prevent* the pain from occurring in the first place?[28]

In ordinary times, the thought of using acupuncture in place of conventional anesthesia would have likely been rebuffed. But these were not ordinary times, and the medical profession—much like the farmers who were being corralled into communes—understood that they, too, were

26. *Woguo chuangzao chenggong zhenci mazui* 我国创造成功针刺麻醉 [China succeeds at creating acupuncture anesthesia] (Jiulong, HK: Huajian yiyao youxian gongsi, 1971), 1.

27. Sigrid Schmalzer, *Red Revolution, Green Revolution: Scientific Farming in Socialist China* (Chicago: University of Chicago Press, 2016), 14.

28. *Zhenci mazui yuanli tantao* 针刺麻醉原理探讨 [Investigation into the principles of acupuncture anesthesia] (Beijing: Renmin weisheng chubanshe, 1972), 2; *Woguo chuangzao chenggong* (n. 26), 10.

expected to play a role in the ensuing communist revolution. It was with this in mind that Yi Huizhu, a female physician in the department of ophthalmology and otorhinolaryngology at Shanghai People's Hospital, decided to move forward with the first experimental use of acupuncture anesthesia in August 1958. Later reports suggested that she did so almost entirely in secret. Scheduled to perform a routine tonsillectomy on a patient named Shen Jigen, she revealed her plan only to her two assisting nurses. Shen gave his consent to the surgery and Yi proceeded, inserting needles into his palms and arms before extracting his tonsils with a steady hand. Shen neither winced nor lurched when the scalpel sliced through him: he had felt no pain.[29]

Yi emerged from the surgical theater triumphant. Acupuncture anesthesia, she reported, not only worked, but in some ways it had worked even better than chemical anesthetics: bleeding was minimized, recovery times were faster, and there were no deleterious side effects such as nausea or the potential for narcotic addiction.[30] Word of the procedure soon spread like wildfire, aided by an exuberant press that was quick to trumpet the glories of Mao's "new medicine." By the close of 1958, hospitals from twelve different provinces independently reported the successful use of the technique.[31] Some doctors discovered that manipulating the acupuncture needles—either by twirling them manually or connecting them to an electric generator—vastly improved their analgesic effect.[32] Others used the technique on different types of operations: brain surgeries, pulmonary lobectomies, even caesarian sections.[33] And through sustained research, physicians were able to reduce the number of acupuncture needles required to achieve analgesia from an unwieldy eighty to only one or two, placed strategically in the ear, palm, chest, or shoulder.[34] To be sure, not everyone responded well to the procedure, and some patients had to be switched to medicinal anesthesia partway through their operation. But

29. "Shei shi zhenci mazui shoushu diyi ren?" 谁是针刺麻醉手术第一人 [Who was the first person to use acupuncture anesthesia in surgery?], *Renmin ribao haowai ban*, December 29, 2005; "Zhongyi zhenjiu miaoyong wuqiong daiti zhitong yao erzhen jian fenxiao" 中医针灸妙用无穷代替止痛药耳针见分效 [Seeing results from the magical effects of using ear acupuncture in place of medical analgesics], *Jiefang ribao*, September 5, 1958.

30. "Zhongyi zhenjiu" (n. 29).

31. Shanghai Municipal Archives (SMA) B244-3-583-9.

32. "Mao Zedong sixiang shi zhenjiu liaofa huode xin de shengmingli" 毛泽东思想是针灸疗法获得新的生命力 [Mao Zedong thought is how acupuncture treatment has gained a new life force], *Renmin ribao*, September 16, 1969.

33. *Zhenci mazui yuanli tantao* (n. 28), 3.

34. Ibid., 6.

overall, Minister of Health Qian Xinzhong was proud to report a success rate of close to 90 percent.[35]

What made acupuncture anesthesia so impactful was not just its scientific innovation, but more importantly the way that it embodied several basic facets of Maoist ideology. It synthesized the finest aspects of both Chinese and Western medicine, it required no technical ability or complex equipment and could therefore be implemented in even the remotest regions of rural China,[36] and it fulfilled the Maoist imperative to eliminate socioeconomic difference. Since patients remained awake and alert throughout surgery, they were no longer just passive recipients of medical care; instead, by "coordinating" and "cooperating" (*peihe* 配合) with their physicians, and by "using Mao's teachings to cheer [the surgeon] on," even illiterate patients could participate in the success of the procedure.[37] In such a way, acupuncture anesthesia epitomized the Maoist imperative to "smash bourgeois authority" and eliminate the monopoly over therapeutic practice that had traditionally been held by "bourgeois 'famous doctors' and 'experts.'"[38] From its very inception, in other words, acupuncture anesthesia was inextricably bound up in the ideological program of the CCP, and it was intended to serve as a powerful signpost of China's strength, autonomy, and ability to innovate outside the totalizing logic of Western capitalism.[39]

Acupuncture Promises, Communist Fears

If, for the Chinese people, the power of acupuncture anesthesia derived from its close association to revolutionary Maoism, it was this very quality that undermined its plausibility for many Americans. Indeed, when news about the procedure first circulated in the United States, readers and members of the medical community reacted with an almost virulent repudiation. Not even doctors of Chinese medicine were able to weigh in with a positive assessment at the time; as historian Tamara Venit-Shelton has shown, most Chinese American practitioners had little experience with

35. SMA A23-2-1420-51; Shanghai shi zhenci mazui xiezuo zu 上海市针刺麻醉协作组, "Zai zhenci mazui xia weishenme neng kaidao?" 在针刺麻醉下为什么能开刀 [Why does surgery work under acupuncture anesthesia?], *Shandong yiyao zazhi* 5 (1971): 2–10.

36. "Woguo yiwu gongzuozhe kexue gongzuozhe chuangzao chenggong zhenci mazui" 我国医务工作者科学工作者创造成功针刺麻醉 [Medical and scientific workers in China succeeded in creating acupuncture anesthesia], *Jiefang junbao*, July 19, 1971.

37. *Woguo chuangzao chenggong* (n. 26), 2.

38. "Mao Zedong sixiang" (n. 32).

39. These points were made very clear in internally circulating documents from the Ministry of Health, including SMA B244-3-319-13, A23-2-1420-51, B244-3-583-9.

acupuncture, as they had immigrated to the United States during a period when the technique "had a reputation as a low-class surgery" in China.[40] Consequently, early conversations about acupuncture anesthesia tended to be dominated by those who had neither knowledge of the procedure nor interest in examining it further. Against the backdrop of the ongoing Cold War, anyone who voiced even a cautious curiosity was dismissed as partisan to communist politics and sympathetic to the "red" Chinese.

Two weeks before Reston had received his postoperative treatment in Beijing, reports about the use of acupuncture for analgesic purposes were already topping national headlines back in the United States. The men responsible for bringing initial attention to the procedure were Arthur Galston and Ethan Signer, professors of biology at Yale University and the Massachusetts Institute of Technology, respectively. In May 1971, Galston and Signer had become the first American scientists to visit China since 1949. Vocal opponents of the war in Vietnam, the two had planned to visit Hanoi on a sightseeing and lecture tour, filing an application for a Chinese visa with the embassy in Ottawa en route. Much to their surprise, they received confirmation that their application had been accepted in April.[41] From Hanoi, Galston and Signer traveled to Nanning in the south of China, beginning a three-week tour of various agricultural research units, science exhibitions, cultural hotspots, and hospitals.[42]

Although Galston and Signer spent much of their time in China visiting biology departments at local universities, what caught the attention and the imagination of the American public was their experience at the Number Three Affiliated Hospital of Peking Medical College. There, the two men had observed four simultaneous operations conducted under acupuncture anesthesia, including such invasive surgeries as the removal of a baseball-sized ovarian cyst.[43] In an exposé in the Sunday section of the *Boston Globe*, Galston and Signer described the procedure in vivid, glowing terms—a sentiment reinforced by a large color photo of a female patient, alert and communicative, having her lower abdomen sliced open with a scalpel and a large cyst removed therefrom. Thin needles were "thrust up to their handles" in the patient's body, the two men wrote, and then

40. Venit-Shelton, *Herbs and Roots* (n. 6), 223.

41. Yale University Archives and Special Collections, Arthur William Galston Papers (hereafter AWG), box 5, "Trip to China."

42. AWG, boxes 5 and 14, "China Diary." See also Sigrid Schmalzer, "Speaking about China, Learning from China: Amateur China Experts in 1970s America," *J. Amer.-East Asian Rels.* 16, no. 4 (winter 2009): 313–52, esp. 316–25.

43. "China Diary" (n. 42); Seymour Topping, "US Biologists in China Tell of Scientific Gains," *New York Times*, May 24, 1971, 1.

rotated by hand or by a portable generator. During the operation, patients remained completely conscious, mugging for the camera, conversing with their surgeons, and even sipping tea. "The demonstration of anesthesia by acupuncture seemed quite convincing," Galston and Signer noted matter-of-factly, further suggesting that American doctors visit China to study the technique in more detail.[44]

Having shared his observations in good faith, Galston was unprepared for the level of recrimination he would immediately receive. Soon after the publication of this and other articles, Galston received a "flood of letters . . . ridiculing" him for his naivete.[45] "The discussions [of acupuncture anesthesia] have become complicated by an acrimony we had not anticipated," Galston wrote in the *Sunday Star* a few months after his initial reports had been published. "It is no exaggeration to say that professional friends of long standing [have begun] to doubt our judgment."[46] The Nobel Prize–winning neurophysiologist Sir John Eccles scoffed that Galston's dispatches were "just rubbish." Robert White, a neurosurgeon at Case Western Reserve, dismissed them as having "no scientific basis."[47] And Vernon Mountcastle, director of the physiology department at Johns Hopkins University, brushed off reports of the procedure as totally and utterly "specious."[48]

Galston, though taking pains to ward off ad hominem attacks, found himself more than a little disillusioned by the entire affair. What particularly upset him was the fact that professional medical men—colleagues who claimed to be engaging in hard science—were displaying a notably *unscientific* attitude in their ex ante dismissal of the entire procedure.[49] Galston publicized his frustration when he provided testimony before the Senate Foreign Relations Committee in June 1971. Noting that China had made "startling advances" in the world of anesthetics, he was "surprised that the American medical profession has evinced absolutely no interest in our reports." Even more insulting, Galston continued, was that "certain prominent medical men have even called these results impossible"

44. Arthur Galston and William Signer, "Anesthesia by Acupuncture," *Boston Globe*, October 10, 1971, 14–15; see also "Banned Defoliant Used in Viet, Professor Claims," *New Haven Register*, June 2, 1971.

45. AWG, box 5, "Yale University News Bureau," January 9, 1972.

46. Arthur Galston, "Is Acupuncture Really 'Just Rubbish'?," *Sunday Star*, January 2, 1972, F-3.

47. "Peking's Acupuncture Show: Is Seeing Believing?" *Med. World News*, June 11, 1971, 5.

48. Boyce Rensberger, "US Doctors are Skeptical of Acupuncture," *New York Times*, October 7, 1971, 42.

49. Arthur Galston, "Letter to the Editor," *New York Times*, August 18, 1972.

without so much as "investigating the details."[50] It was one thing for Galston's judgment to be called into question, but another thing entirely for his colleagues to display a total lack of curiosity about what he had seen.

The chairman of the proceedings, Senator J. William Fulbright, seemed perplexed that representatives of neither the medical community nor the U.S. Public Health Service had approached Galston to find out more.[51] But what Fulbright did not seem to grasp was that Galston's observations were being evaluated in a much broader context than that of mere scientific inquiry. It was widely known that Galston and Signer were vocal opponents of the war in Vietnam and highly critical of American foreign policy; upon his return from Asia, Galston had even gone on record as stating that the United States "shouldn't be so automatically anticommunism."[52] It was with this sentiment in mind that readers pounced on Galston's sanguine assessment of Chinese science. "I suggest that Dr. Galston read up on history a bit before he paints such a rosy (false) picture of what the Red Chinese really are," a letter in the *New Haven Register* stated.[53] Another editorial dismissed Galston's positive evaluation of Chinese medicine by citing his averred sympathy to communist politics. "It is not surprising that he gained admission to Red China and was pumped with the old propaganda line to take home."[54] Galston, such readers assumed, had fallen hook, line, and sinker for communist lies, and his reports about acupuncture anesthesia thus revealed more about his *political* leanings than his scientific judgment.

Within academic journals, too, Galston's political sympathies served as sufficient grounds to discount his observations. In response to two reports Galston and Signer had penned in *Science* about their time in China and Vietnam, a whole page of rebuttals slammed the two men for their "meager and biased" observations and their "acceptance of blatantly propagandistic material." One of Signer's colleagues at MIT even went so far as to accuse them of "hav[ing] had the rice hulls pulled over their eyes."[55] Indeed, a common refrain among skeptics was that the two had been hoodwinked by the communists in what was clearly a propagandistic

50. AWG, box 15, "Statement Before the Senate Foreign Relations Committee," June 25, 1971; *United States Relations with the People's Republic of China: Hearings Before the Committee on Foreign Relations* (1971), 116.

51. *United States Relations* (n. 50), 118–19.

52. "Banned Defoliant Used in Viet" (n. 44).

53. AWG, box 14, Donald Gillis, "Absurd Statements," n.d.

54. "No Light from Peking," *New Haven Register*, May 28, 1971.

55. "North Vietnamese Science," *Sci.*, October 13, 1972, 113.

charade. In a private correspondence with Sir John Eccles, the physiologist who had characterized the procedure as "rubbish," Galston fumed when Eccles accused him of having been fooled by "quack medicos."[56] "It appears that you and Dr. Signer could not find any good science worth reporting," Eccles concluded. "I am afraid that you are not going to secure any interest from competent medical or neurophysiological investigators."[57]

For Arthur Galston and Ethan Signer, the beginnings of acupuncture anesthesia in the United States were marked by the assumption that the procedure *could not be real*. This conclusion derived not from any investigations into the procedure itself, but instead from the belief that the communists were untrustworthy—and that anyone who believed their deception could not be trusted, either. Regardless of what Galston and Signer had seen (or what they had claimed to see), their motivations for having traveled to China in the first place, alongside their unconcealed sympathy for communist politics, automatically rendered their observations suspect. As the anesthesiologist John Fox summarized in a private correspondence to Galston, acupuncture anesthesia, in the eyes of American physicians, was little more than "political propaganda, hypnosis, or deception."[58] There was thus no need to waste time and energy exploring it further.

Not *If* It Works, But *How*

Despite the initial derision with which the medical profession reacted to acupuncture anesthesia, the procedure refused to fade from the American imagination. A few months after Galston and Signer had returned from China, a small medical delegation composed of Paul Dudley White, former physician to President Dwight D. Eisenhower, and E. Grey Dimond, founder of the University of Missouri–Kansas City School of Medicine, embarked on a two-week trip to China. There, they met with the otologist Samuel Rosen and the public health specialist Victor Sidel who had been touring China as part of an independent but overlapping visit.[59] At the behest of the China Medical Association, the four men witnessed somewhere between ten and fifteen procedures carried out under acupuncture anesthesia. During a pulmonary lobectomy, a thirty-two-year-old man had a lone needle placed in his left arm before his chest was cleaved

56. AWG, box 14, File "Acupuncture A-F," Letter from Eccles to Galston, June 25, 1971.

57. AWG, box 14, File "Acupuncture A-F," Letter from Eccles to Galston, July 7, 1971.

58. AWG, box 14, Letter from John Fox to Galston, September 17, 1971.

59. V. W. Sidel, "Some Observations on the Health Services in the People's Republic of China," *Internat. J. Health Serv.* 2, no. 3 (August 1972): 385–95.

open with a scalpel. Dimond was flummoxed by the scene that ensued. The patient, he observed, seemed comfortable throughout the surgery; he chatted regularly with his doctors and even stopped midway to enjoy a bite of fruit.[60] Rosen was similarly bewildered. "My American colleagues and I have seen the past and it works," Rosen wrote in the *New York Times* with a mixture of veneration and awe. There was no explanation for it, and it did not appear to make scientific sense, but acupuncture anesthesia *was real*: Rosen's own eyes had confirmed it.[61]

Upon the publication of testimonials such as these, the American medical community was forced to confront a procedure that it was initially all too keen to ignore. In June 1972, the National Institutes of Health (NIH) formed an ad hoc committee to investigate the issue more systematically. Under the leadership of John J. Bonica, an anesthesiologist and pain specialist at the University of Washington, the committee completed a comprehensive literature review and a survey of acupuncture's clinical applications; their findings were later presented at a two-day research conference in late winter 1973.[62] At the conference, numerous presenters confirmed that acupuncture did appear to produce an analgesic effect. Inspired by a 1972 case report in *JAMA*, in which the anesthesiologist Wei-chi Liu documented the first successful use of acupuncture anesthesia on an American patient,[63] physicians like Frederick F. Kao, Teruo Matsumoto, Mathew H. M. Lee, and James Y. P. Chen were encouraged to undertake preliminary clinical trials on their own. At Maimonides Hospital in Brooklyn, Kao used acupuncture, combined with 0.4 mg of Atropine, to achieve analgesia on two white men in their sixties undergoing herniorrhaphies. While both patients reported sensations like scratching, pressure, and pulling during the operation, neither felt intolerable pain.[64] Lee similarly described the process by which he applied acupuncture anesthesia prior to a series of routine dental extractions. On twenty volunteer subjects, Lee manipulated needles in the two *hegu* points and mandibular joint,

60. E. Grey Dimond, "Acupuncture Anesthesia: Western Medicine and Chinese Traditional Medicine," *JAMA* 218, no. 10 (December 6, 1971): 1558–63, esp. 1562.

61. Stanley Rosen, "I Have Seen the Past and It Works," *New York Times*, November 1, 1971.

62. JJB, MS Coll. 118, box 66, file 27; "Acupuncture Goes American," *Sci. News* 102, no. 6 (August 5, 1972): 84; Howard P. Jenerick, ed., *Proceedings of the NIH Acupuncture Research Conference* (Bethesda, Md., 1973).

63. Wei-chi Liu, "Acupuncture Anesthesia: A Case Report," *JAMA* 221, no. 1 (July 3, 1972): 87–88.

64. F. F. Kao et al., "Acupuncture Anesthesia in Herniorrhaphy," *Amer. J. Chinese Med.* 1, no. 2 (1973): 327–28, reprinted in Jenerick, *Proceedings* (n. 62), 70–71.

and announced that sixteen of the surgeries had proceeded without complication.[65]

For Kao, Lee, and others who reported their findings at the 1973 conference, the favorable outcome of their trials suggested that acupuncture anesthesia potentially had a wide applicability in the United States. Yet, despite the committee's unanimous agreement that acupuncture was "a subject that deserves serious scientific study by the American medical community,"[66] many at the meeting remained skeptical. For them, the central question had shifted. No longer were they strictly concerned with *if* acupuncture anesthesia worked. They now had to grapple with *how* it did so.

The Hypnosis Hypothesis

Ironically, two of the committee's participants should have been able to offer a plausible answer to that question. As the historian Keith Wailoo has shown, the field of pain theory and management had grown dramatically after the Second World War.[67] By the 1970s, one of the most prominent explanations for the physiological basis of pain relief was the "gate control" theory, a concept first propounded in 1965 by the psychologist Ronald Melzack and the neuroscientist Patrick Wall—both members of the NIH's ad hoc working group. Gate control posited that large nerve fibers (which transmit non-nociceptive, or non-painful, information to the brain) could potentially serve as a biological "gate," closing off and blocking the transmission of the painful stimuli carried by the small nerve fibers.[68] The theory appeared to convincingly explain the physiological mechanism behind acupuncture anesthesia. If needling triggered the large nerve fibers to carry non-painful information to the brain, then pain signals would be effectively blocked from reaching the cerebral cortex.

Gate control gained a massive following throughout the world, and was even known in China.[69] Yet Wall himself was loath to apply the theory to

65. Mathew H. M. Lee et al., "Acupuncture Anesthesia in Dentistry: A Clinical Investigation," in Jenerick, *Proceedings* (n. 62), 76–77.

66. Jenerick, *Proceedings* (n. 62), viii.

67. Keith Wailoo, *Pain: A Political History* (Baltimore: Johns Hopkins University Press, 2014), 33.

68. Ronald Melzack and Patrick D. Wall, "Pain Mechanisms: A New Theory," *Sci.* 150, no. 3699 (November 19, 1965): 971–79.

69. For example, "Waiguo zhenci mazui jianxun" 外国针刺麻醉简讯 [Brief report on acupuncture anesthesia abroad], *Xin yiyaoxue zazhi* 新医药学杂志 2 (1973): 36–37; JJB, MS Coll 118, box 67, file 4, "Trip to China," 60. The Chinese preferred to think in terms of a dialectical "struggle" between pain and non-pain rather than "gate control" per se.

acupuncture anesthesia. In an essay he published just one month after the ad hoc committee had been formed, he denied that acupuncture anesthesia functioned by means of gate control. Instead, he speculated that it worked through another mechanism entirely: *hypnosis*. Since the procedure was not equally effective on every patient, he surmised, it must have operated through psychological, rather than biological, means.[70] Wall's hypothesis was widely shared throughout the English-speaking world. The British anesthesiologist Robert Macintosh concurred that the technique worked only when acupuncturists popped needles "at random into those susceptible to hypnosis."[71] Robert L. Katz, after conducting a clinical study, concluded that there was a distinct correlation between hypnotizability and pain relief through acupuncture.[72] And William Kroger, a pioneer in medical hypnosis, was convinced that acupuncture anesthesia was nothing more than "hypnosis in slow motion." The act of puncturing the skin with needles, he argued, was simply a diversionary tactic that misdirected the patient's attention while the hypnotic act raised his or her pain threshold. Acupuncture anesthesia therefore had no inherent analgesic effect.[73]

As the sociologist Paul Wolpe has pointed out, explanations involving psychosomatic rationales, such as hypnosis and suggestibility, can be considered biomedical "holding cells" into which physicians place "anomalous data" that cannot be explained through orthodox means. That is, if a phenomenon is unintelligible in conventionally biological terms, physicians often resort to psychological language until they can offer a scientific rationale.[74] In Wolpe's reading, the medical establishment's invocation of hypnosis to explain acupuncture anesthesia was a consciously *professional* exercise, an effort to "protect its cultural authority" from the challenge of non-biomedical actors.[75] Mike Saks has similarly argued that the British medical establishment, in an effort to strengthen its own professional self-interest, marginalized acupuncture anesthesia by likening it to hypnotism and other forms of spiritual healing.[76] While admitting that many

70. Patrick Wall, "An Eye on the Needle," *New Scientist*, July 20, 1972, 129–31.

71. Robert Macintosh, "Tests of Acupuncture," *Brit. Med. J.* 3, no. 5877 (August 25, 1973): 454; see also Wellcome Library, PP/RRM/E3/24, notes by Robert Macintosh.

72. R. L. Katz et al., "Pain, Acupuncture, Hypnosis," in *International Symposium on Pain*, ed. John J. Bonica (New York: Raven Press, 1974), 819–26.

73. William S. Kroger, "Hypnotism and Acupuncture," *JAMA* 220, no. 7 (May 15, 1972): 1012–13; see also William S. Kroger, "Acupuncture, Hypnotism, and Magic," *Sci.* 180, no. 10490 (June 8, 1972): 1002.

74. Wolpe, "Maintenance of Professional Authority" (n. 9), 413.

75. Ibid., 415.

76. Saks, *Professions and the Public Interest* (n. 9), 160.

factors contributed to the procedure's "rejection," Saks emphasizes that professional considerations were nonetheless paramount.[77]

Significant as professional interests have been to the Western fate of acupuncture anesthesia, what the above analyses do not reveal is the extent to which accusations of hypnotizability were deeply imbricated in cultural stereotypes about Maoist China. In the 1950s, fearful Americans who had fled the PRC began to raise alarms about a new form of psychological indoctrination that was taking hold over the Chinese, one that came to be known as "brainwashing."[78] Within reeducation camps, they alleged, men and women were subjected to "psychological mass coercion" and "dehumanization."[79] They were isolated from their families and friends, their individuality was sublimated to the needs of the nation, and they were taught that the CCP was their incorruptible savior.[80] Particularly as the Cultural Revolution got under way in 1966, and images of Mao's rabidly devoted followers began circulating in the media, Western observers became increasingly convinced of the mass psychological conditioning that had ensued under the CCP. The Cultural Revolution, one editorialist suggested, required a "psychedelic or psychiatric explanation."[81] How else could anyone understand the cultish fanaticism with which every man, woman, and child had so completely given themselves over to the whims of Mao Zedong?

When Western physicians traveled to China, they inevitably assessed their experiences through the lens of yellow peril. Indeed, what brought acupuncture anesthesia closer to the realm of brainwashing than mere hypnosis was the decisive role that Mao Zedong Thought played in ensuring the success of the procedure. During surgery, patients clutched their copy of *Quotations of Chairman Mao* (better known as the "Little Red Book") close to their chest, using it to assuage their nerves or praying to it like a sort of communist bible. One patient, uneasy upon entering the surgical theater, clung to his book for emotional fortification.[82] Another, a chatty young woman who asked to see the ovarian tumor that had just been cut out of her, arose upon the completion of the operation, shook

77. Ibid., 184.

78. For example, Committee on Un-American Activities, *Communist Psychological Warfare (Brainwashing)* (Washington, D.C.: Government Printing Office, March 13, 1958).

79. Richard Walker, *China Under Communism: The First Five Years* (New Haven, Conn.: Yale University Press, 1955), 76.

80. Ibid., 50–76; Robert Jay Lifton, *Thought Reform and the Psychology of Totalism: A Study of "Brainwashing" in China* (New York: Norton, 1961).

81. Harry Schwartz, "Assessing a Year of China's Cultural Revolution," *New York Times*, May 15, 1967, 42.

82. Galston and Signer, "Anesthesia by Acupuncture" (n. 44), 14.

hands with her surgeon, and praised the leadership of Mao Zedong.[83] And Grey Dimond was struck when a forty-year-old man, after having been relieved of a three-centimeter-wide adenoma of the thyroid, propped himself up in bed, drank a glass of milk, displayed his Little Red Book, and announced, "Long live Chairman Mao."[84]

Although brainwashing and hypnosis were not synonymous, they were often treated as such in the writings of American physicians. According to Francis F. Foldes, an anesthesiologist who visited the PRC in May 1974, acupuncture anesthesia was "primarily a socio-political and psychological technique." Patients were initially conditioned for the surgery through the power of "suggestion," when they were repeatedly told that the method was "supported by their wise and universally adored leader, Chairman Mao." Once the surgery was under way, moreover, they were given "continuous psychological reinforcement" through the words and gestures of their acupuncturist.[85] John Bonica, though less averse to considering physiological explanations for acupuncture anesthesia, similarly concluded that the procedure was aided by "political and ideological factors."[86] He supported this conclusion by underscoring that only *certain* patients—specifically those who had reached a sufficient "ideologic condition"—were chosen for the procedure, and that they were motivated throughout the operation to "mobilize positive mental activities, such as thinking of Chairman Mao's teachings."[87]

The reason that acupuncture anesthesia seemed to work so well in China, then, was because it was not merely hypnosis—it was political brainwashing. It was for this very reason, likewise, that the procedure appeared so implausible in a Western context. Regardless of the fact that hypnosis technically knew no national boundaries, many American doctors came to insist that acupuncture anesthesia was a specifically *Chinese* phenomenon, one that was effective only on mainland Chinese bodies because of their widespread belief in the infallibility of Chairman Mao. As Foldes plainly acknowledged, the technique "works well in the PRC" but "will not have wide applicability in our Western civilization" due to

83. Arthur W. Galston, *Daily Life in People's China* (New York: Thomas Y. Crowell, 1973), 222.

84. Dimond, "Acupuncture Anesthesia" (n. 60), 1560.

85. Francis F. Foldes, "Acupuncture Anesthesia: The Point of View of an American Anesthesiologist," in *Recent Progress in Anaesthesiology and Resuscitation: Proceedings of the IV European Congress of Anaesthesiology*, ed. A. Arias et al. (New York: Elsevier, 1975), 710–11.

86. John J. Bonica, "Acupuncture Anesthesia in the People's Republic of China: Implications for American Medicine," *JAMA* 229, no. 10 (September 2, 1974): 1317–25, quotation on 1324.

87. Ibid., 1319–20.

the "absence of motivating socio-political factors."[88] The physician and hypnosis expert William Kroger agreed when he noted that the technique "seems to work—but better for the Chinese than for other nationalities."[89] Attributing the difference to "operant conditioning," he emphasized that the "evangelical zeal" and "ideological fervor" surrounding Maoism had helped to heighten the suggestibility of Chinese patients:[90]

> In the Chinese society, the antecedent cultural variables, the expectations of their leaders, and the beliefs of their doctors bring about strict adherence to Maoism on the part of the population. Thus compliant behavior occurs without the necessity for overt cooperation. In a regimented society such compliance is readily attained, especially if strong sociopolitical reward inducements are present. . . . Successful patients behave differently when they are "programmed" to think differently.[91]

Although neither Foldes nor Kroger invoked the term "brainwashing" specifically, their discussion of the roles that indoctrination and programming had played in the operant conditioning of Chinese patients expressed the same sentiment; they had merely replaced political judgments with seemingly neutral science.

For these and other physicians, the effort to dismiss acupuncture anesthesia as a species of hypnosis was not just a means of retaining professional authority over a suspect practice. Equally important, hypnosis-as-brainwashing was a political charge, a way of questioning the transferability of communist therapeutic modalities to democratic contexts. Because the Chinese people had been conditioned to believe in the absolute omnipotence of Chairman Mao, they were predisposed to internalizing the infallibility of everything he championed; conversely, even if the technique was ineffective, patients would refuse to admit it for fear of political retribution. "With a little red book in one hand," one writer cajoled, "who would dare raise the other and say: 'Doctor, you are hurting me!'"[92] Through its embedded position in Maoist politics, acupuncture anesthesia became inextricably tied to the sociopolitical conditions of communist China, and hence unthinkable in a Western milieu.

88. Foldes, "Acupuncture Anesthesia" (n. 85), 711.

89. William S. Kroger, "Acupunctural Analgesia: Its Explanation by Conditioning Theory, Autogenic Training, and Hypnosis," *Amer. J. Psychiatry* 130, no. 8 (August 1973): 855–60, quotation on 855.

90. Ibid., 857.

91. Ibid., 858–59.

92. David L. Scott, "Correspondence," *Anaesth.* 33 (1978): 368.

Asian Fortitude

Bolstering the above accusations was another charge of incommensurability: one that centered on biological differences between Chinese and Western bodies. Specifically, some physicians argued that if the technique worked in China, it was possibly the result of Asian fortitude—the puzzling ability of the Chinese to withstand pain. It had long been understood that pain thresholds varied from person to person, though the reasons for this differential were unclear.[93] What most white, Western physicians agreed, however, was that the Chinese as a people were far better positioned to withstand the traumas that accompanied acupuncture anesthesia than their Caucasian counterparts. In making this argument, medical professionals were not just foregrounding race as a determining factor in individual responses to pain but also implying that Westernness was equivalent to whiteness, and hence that Chinese techniques and ideas would be ill-suited to (white) American audiences.

The notion that the Chinese were somehow impervious to pain formed part of a stereotype that had underpinned Western medicine since at least the nineteenth century. As Ari Heinrich has demonstrated, medical missionaries who traveled to China confirmed the phenomenon of Asian insensitivity in ostensibly empirical terms.[94] Peter Parker, a Protestant missionary who established a small hospital in Guangzhou in 1835, was deeply impressed at the ability of his patients to endure the intense pain that accompanied surgery. Describing a woman called Woo She, Parker detailed how she exhibited a "fortitude [that] exceeded all that [he had] yet witnessed. She scarcely uttered a groan during the extirpation [of a malignant tumor]."[95] Another woman called Lo Wanshun arrived at Parker's hospital hoping to have a large growth removed from the left side of her face. She, too, endured the procedure with a "fortitude" that by now was appearing "characteristic of the Chinese."[96] Such remarkable stoicism was the rule, not the exception: it was, to Parker, a defining trait of the Chinese people.

Foreigners like Parker attempted to explain this bizarre invulnerability in a biological language. The missionary Arthur Smith, writing in 1894, declared that the Chinese, if not displaying a complete "absence of nerves," at the very least contained nerves that were "of a very different

93. Wailoo, *Pain* (n. 67), 81.

94. Ari Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body between China and the West* (Durham, N.C.: Duke University Press, 2008), 58–60.

95. As quoted in ibid., 60.

96. Ibid., 60.

sort from those with which we [Occidentals] are familiar."[97] The Chinese could sleep in any position at any time, their heads tottering on a brick pillow; they were at ease in a writhing, sweating, stinking crowd, pleased to squat, unmoving, for hours at a time. It was this "freedom from the tyranny of nerves" that explained their ability to withstand pain.[98] "Those who have any acquaintance with the operations in hospitals in China," Smith wrote, "know how common, or rather how almost universal, it is for the patients to bear without flinching a degree of pain from which the stoutest of us would shrink in terror."[99] The social worker Bruno Lasker, writing three decades later, embraced the same view. The Chinese, he remarked, had so "done away with nerves" that they could "starve to death with supreme complacency."[100] If pain was the universal condition, then the Chinese had proven themselves to be somehow less than human.

By the 1970s, Western doctors were no longer making reference to the peculiarities of Chinese nerves. Nevertheless, in analyzing the mysterious properties of acupuncture anesthesia, physicians still harkened back to long-held stereotypes about the stoic nature of Asian bodies. The Miami anesthesiologist Emanuel Papper, during an exploratory trip to China in 1974, recorded in his diary that he and his colleagues discussed whether "ethnic" differences enabled the Chinese to "withstand the trauma of surgery with much greater serenity than would be true in the United States."[101] One of the main proponents of this viewpoint was Francis Foldes, who had also argued that acupuncture anesthesia needed to be understood within the context of revolutionary Maoism. "The Chinese," he explained in a paper given to the European Congress on Anesthesiology, "are hardy, determined people, used to exertions in the course of their everyday life that would not be tolerated by most members of Western societies."[102] Conflating socioeconomic hardship with racial fortitude, physicians suggested that poverty and hardiness were mutually reinforcing. Just as the Chinese capacity for backbreaking work rendered them suited for manual labor, so too did their innate physical fortitude allow them to undergo unthinkable acts of bodily violence.

97. Arthur H. Smith, *Chinese Characteristics*, 4th ed. (New York: Fleming H. Revell, 1894), 92. See also Harold R. Isaacs, *Scratches on Our Minds: American Views of China and India* (New York: J. Day, 1958), 101–4.

98. Smith, *Chinese Characteristics* (n. 97), 94.

99. Ibid., 94.

100. Bruno Lasker, *Race Attitudes in Children* (New York: H. Holt, 1929), 207.

101. Emanuel M. Papper diary, May 11, 1974, entry, http://calder.med.miami.edu/papper/diary_china.html.

102. Foldes, "Acupuncture Anesthesia" (n. 85), 710–11.

Most physicians were not content to attribute the success of acupuncture anesthesia strictly to racial differences. Yet even those who continued to search for alternative physiological explanations still agreed that race was vital for understanding the efficacy of the procedure.[103] Grey Dimond underscored the "stoicism of the Chinese," a trait that was further amplified by their "current ideological indoctrination."[104] John Bonica noted the "admirable ability [of the Chinese] to tolerate moderate to severe pain."[105] The Norwegian physician Erik Hoel pointed out that "it is worth remembering that the pain tolerance among the Chinese, Japanese, and the Koreans is very high compared to the western people."[106] And Jerome Modell, an anesthesiologist from the University of Florida who toured China in 1974, concluded a report on the procedure by postulating whether "tolerance to surgical trauma is greater in the Chinese population of today than it is in Americans."[107]

To be sure, not all of these statements were unequivocally premised on pure racial difference. Many acknowledged that culture and environment also played a role in fashioning a person's tolerance to pain; in the Chinese case, these included such factors as preoperative counseling, the motivation produced by a lack of resources and medical personnel, fervent belief in the words of Chairman Mao, and intense social conditioning begun in childhood.[108] (After witnessing several tonsillectomies performed on children under acupuncture anesthesia, one observer explained how Chinese youths had been raised to "accept surgical interference" without complaint.)[109] But such statements, even if they were not couched in overtly racial tones, still served to reinforce the fundamental alterity of the Chinese. By likening them to native "tribes"—"American Indians," one observer wrote, could also "tolerate torture" without exhibiting pain[110]—physicians recalled earlier stereotypes about the Asiatic

103. One exception is James Y. P. Chen, *Acupuncture Anesthesia in the People's Republic of China, 1973* (Washington, D.C.: John E. Fogarty International Center, 1973), 64.

104. Dimond, "Acupuncture Anesthesia" (n. 60), 1563.

105. Bonica, "Acupuncture Anesthesia" (n. 86), 1324.

106. Erik Hoel, "Correspondence," *Anaesth.* 33 (1978): 369.

107. Jerome Modell, "Observations of 'Acupuncture Anesthesia' in the People's Republic of China," *Arch. Surg.* 109 (December 1974): 731–33, quotation on 733.

108. Ronald Melzack, "Acupuncture and Pain Mechanisms," in Arias et al., *Recent Progress in Anaesthesiology* (n. 85), 30; John J. Bonica, "Therapeutic Acupuncture in the People's Republic of China," *JAMA* 228, no. 12 (June 17, 1974): 1544–51, esp. 1551; NA, MH 160/938, J. F. Nunn, "Report Following Visit to China."

109. P. E. Brown, "Use of Acupuncture in Major Surgery," *Lancet* 299, no. 7764 (June 17, 1972): 1330.

110. Foldes, "Acupuncture Anesthesia" (n. 85), 710.

lack of nerves, thereby reinscribing invulnerability and difference onto Chinese bodies.

Due to their belief that the Chinese could withstand pain more effectively than Caucasians, physicians throughout the English-speaking world voiced their skepticism that acupuncture anesthesia would be satisfactory for the white populations of America and Europe. Because acupuncture mainly provided hypalgesia rather than full anesthesia—that is, patients could still feel sensations during surgery but not pain, per se—many participants in the discussion doubted that Western consumers would prefer it to medicinal alternatives.[111] The technique "would not be acceptable to the 'average' British patient," Katherine Levy of the British Medical Research Council wrote in a private missive to the head of the UK Department of Health and Social Security,[112] while the anesthesiologist J. F. Nunn, after speaking with John Bonica, concluded that there would likely be "difficulty in its use for Europeans."[113] Although later studies would demonstrate that these assumptions were incorrect—in clinical trials such as the ones discussed earlier, the procedure was shown to provide satisfactory analgesia to patients regardless of their ethnic or racial background[114]—the general perception of Asian alterity served to both override domestic interest in acupuncture anesthesia and further reinforce its impossibility in a Western setting.

In making these arguments, physicians were indicating that "Chinese" and "Western" were meant to be interpreted as antithetical traits. Without saying so directly, medical articles implied that being Western was equivalent to being white, and therefore that national difference was commensurate with racial difference. "Can acupuncture produce analgesia in Caucasian patients[?]" Ronald Katz mused during the NIH-sponsored conference in 1973.[115] Katz's query unintentionally underscored the crux of the issue: that the viability of the procedure hinged not just on place but also on race. By conflating Chineseness with the political territory of communist China, American physicians bolstered their own premise

111. Robert Brennan and Johannes Veldhuis, "Acupuncture Anesthesia and Dental Pain," in Jenerick, *Proceedings* (n. 62), 47.

112. NA, FD 23/2244, Letter from Katherine Levy to Dr. W. Forbes, November 23, 1973.

113. NA, MH 160/938, John J. Bonica in conversation with J. F. Nunn, December 1973. See also NA, FD 23/2244, Letter from K. W. Cross to Sir John Gray, November 19, 1973; Jerome H. Modell et al., "'Acupuncture Anesthesia'—A Clinical Study," *Anesth. Analg.* 55, no. 4 (July–August 1976): 508–12, esp. 512.

114. In addition to notes 63–65, see also Teruo Matsumoto and Bruce Levy, "Acupuncture," *JAMA* 229, no. 2 (July 8, 1974): 140.

115. Ronald L. Katz, "Acupuncture Studies in Progress," in Jenerick, *Proceedings* (n. 62), 73.

that acupuncture anesthesia could never have currency outside of the geographical borders of the PRC itself.

Serve the People!

Of course, not all physicians and practitioners were skeptical about the efficacy of acupuncture anesthesia outside of China. Some believed that the technique could offer valuable solutions to heretofore unsolved problems, including negative reactions to medicinal anesthesia and anesthetic-related deaths.[116] Many of those who championed the procedure, including Frederick F. Kao, Wei-chi Liu, Choh-luh Li, and Teruo Matsumoto, were Asian American physicians who performed, published, and taught about acupuncture anesthesia as a way to both confirm its global applicability and champion the value of non-biomedical modalities.[117]

Yet what attracted the most vocal supporters of the technique was not just its therapeutic utility. More importantly, they were also interested in the ways in which acupuncture anesthesia functioned as part of a revolutionary health care apparatus, one that privileged service, accessibility, community, and affordability over elite expertise and capital accumulation. For its supporters, like for its detractors, acupuncture anesthesia could not be understood outside the backdrop of the communist environment in which it flourished. But whereas the latter camp invoked this point as proof of its irrelevance in the West, the former interpreted it as its paramount significance. For them, the main preoccupation was neither *if* nor *how* acupuncture anesthesia worked, but rather what *lessons* it could impart about the Maoist medical model.

Fittingly, some of the first individuals to articulate this point of view came from outside the establishment medical profession. Proposing to move beyond the narrow application of acupuncture anesthesia for surgery, they reframed the discussion to center on the broader possibilities of acupuncture writ large. In 1974, members of the Lincoln Detox Center in New York City began to experiment with acupuncture as an alternative to methadone for drug rehabilitation, a pursuit that later led to the formation of the Black Acupuncture Advisory Association of North America

116. Chen, *Acupuncture Anesthesia* (n. 103), 49–51; NA, MH 160/938, Report by G. E. Godber on Caesarian Section under Acupuncture Anesthesia, April 10, 1973, 3.

117. Liu, "Acupuncture Anesthesia" (n. 63); Teruo Matsumoto, *Acupuncture for Physicians* (Springfield, Ill.: Charles C. Thomas, 1974); Frederick F. Kao, "China, Chinese Medicine, and the Chinese Medical System," *Amer. J. Chin. Med.* 1, no. 1 (1973): 1–59; Frederick F. Kao and John J. Kao, eds., *Recent Advances in Acupuncture Research* (New York: Institute for Advanced Research in Asian Science and Medicine, 1979).

(BAAANA) in 1978. Their curiosity about the technique had been initially sparked when they learned about an opium addict in Hong Kong whose withdrawal symptoms had diminished after he had been treated with acupuncture anesthesia during a surgical procedure.[118]

Led by members and associates of the Black Panther Party and the Young Lords, Lincoln Detox and BAAANA were forthcoming about the relationship between "socialist development" and their promotion of acupuncture. Mutulu Shakur, an activist, acupuncturist, and cofounder of BAAANA who traveled to China to study the technique in the late 1970s, specified that the undertakings of Black acupuncturists like himself were "political," "socially conscious [*sic*]," and committed to "fighting the ills of the community." Having been inspired by the "revolutionary context in China and Vietnam," Shakur dispatched "barefoot doctor acupuncture cadre[s]" into the South Bronx in an effort to heal and resuscitate impoverished and minority neighborhoods—specifically the drug-addicted populations that had been doubly targeted by the for-profit pharmaceutical industry and an American government that "impose[d] a chemical warfare on a certain segment of the community."[119] For Shakur and others like him, acupuncture was more than an effective medical modality: it was a radical alternative to the capitalist and racist hegemony imposed by the American health care system.

The promotion of a socially responsive acupuncture did not just take place in opposition to establishment medicine. Among some biomedical practitioners, as well, acupuncture and its analgesic applications appeared fundamentally inextricable from the Maoist health care model from which they had derived. One of the physicians to most vocally advocate this perspective was Victor Sidel, a public health expert who visited China three times over the course of the decade. In 1979, Sidel was called to testify at a congressional hearing on acupuncture before the Subcommittee on Science, Research, and Technology. Dimming the lights and flicking on a slideshow, Sidel clarified that he was not about to give the subcommittee a definitive answer on the utility of acupuncture itself. Instead, he wanted to persuade his audience of the benefits of the Maoist health care model, one that had made medical services accessible to every one of China's one billion people.[120]

118. Barnes, "World of Chinese Medicine" (n. 19), 296–98.

119. Sundiata Acoli, "Mutulu Shakur: On the History of Acupuncture & COINTELPRO" (July 18, 2008), www.sundiataacoli.org.

120. "Statement of Dr. Victor W. Sidel," in *Hearings Before the Subcommittee on Science, Research and Technology of the Committee on Science and Technology* (U.S. House of Representatives, 96th Congress, June 22, 1979), 145.

As Sidel went on to argue, the Chinese health care system had significant insights to offer the United States. Since 1952, he began, not a single case of smallpox had been reported in China—an astounding transformation from a mere four years earlier, when disease was still rampant and the overall infant mortality rate in Shanghai had been one in seven. In the United States, by contrast, measles remained widespread, particularly among poor communities and people of color. The reason for the disparity, Sidel continued, "has nothing whatever to do with medicine."[121] Instead, the persistence of infectious disease in the United States was entirely the product of the wider social system, in which access to health care was significantly determined by one's income, socioeconomic status, and race. Conversely, the Chinese had created a health care system that was entirely guided by the principle of "serving the people" (*wei renmin fuwu* 为人民服务). Emphasizing accessibility, affordability, disease prevention, and the democratization of medical knowledge, the Maoist model had managed to eliminate the health and socioeconomic disparities that were characteristic of American medicine.[122]

Given that the congressional hearing hinged on the issue of acupuncture, it was not immediately clear to Sidel's listeners what the above observations had to do with the matter at hand. Sidel's very point, though, was that the efficacy of acupuncture could fundamentally not be detached from the existence of a revolutionary health care system. As he explained:

> Acupuncture should not get viewed as an isolated technique, as a separable technical tour de force, but rather *as a part of the total system of medical care in China*. The reason that acupuncture works so well there, I believe, is that it is so fully integrated with the rest of their medical care system. . . . Acupuncture and other elements of traditional Chinese medicine have important things to teach us, but only in the context of an organized, community-based health service available without financial or other barriers to everyone in the United States.[123]

The very utility of acupuncture, in other words, was contingent on the *context* from which it derived. For acupuncture anesthesia to be effective in the United States, American health care delivery would require a complete and systematic restructuring, one that would foreground patient agency, the complementarity of Chinese and Western medicine, the broader equality between physicians and patients ("the arrogance of [American doctors] is incredible," Sidel opined),[124] and the formation of

121. Ibid., 146.
122. Ibid., 146–49.
123. Ibid., 151, emphasis added.
124. Ibid., 150.

community-based health workers who could promote well-being on a local level. The real lesson that acupuncture anesthesia was imparting, Sidel wrote elsewhere, was that advances in medical care would be ineffectual if they were not accompanied by significant social change.[125]

Although Sidel was certainly one of the most explicit advocates of this point of view from within the establishment medical profession, he was not the only one to express it. The Canadian physician and pain specialist C. Chan Gunn observed that the Western preoccupation with acupuncture had caused physicians to "[miss] the most significant advance of the practice of medicine in the PRC," namely, "the general care of the people."[126] Grey Dimond, upon returning from his third trip to China, published a monograph insisting that China was more than just "acupuncture and herbs"—that it also offered crucial ideas about how to rethink the urban, profit-driven, and expert-centered bias within American health care.[127] Frederick Kao, after visiting China in 1972, wrote a lengthy text extolling the values of China's "new medicine," a radical outlook that involved emphasizing rural care, encouraging healers to stay "close to the people," and integrating education, research, and practice.[128] And in the United Kingdom, the British osteopath Sidney Rose-Neil forcefully argued that the failures of modern medicine lay in the "vast complex of intricate machinery" that was increasingly controlled by "the specialist and expert." By looking to traditional models, he noted, health professionals would be given a heaping dose of "humility" while also learning how to integrate valuable practices like acupuncture into existing health care systems.[129]

As physicians and healers like these were making clear, acupuncture anesthesia was just one technical innovation in a much broader health apparatus, and to extricate it from that context would be to negate its entire rationale for existing in the first place. In contrast to those who argued that Chinese communism *undermined* the wider applicability of the technique, Shakur, Sidel, and others staked their claim to the exact opposite position: that the Maoist health care model, of which acupuncture was just one node, had much to teach the Western world. By looking eastward, they argued, physicians would have the opportunity to not just rethink the elitism inherent in modern medical care but also challenge

125. Victor Sidel, "Medical Care in the People's Republic of China," *Arch. Internal Med.* 135 (July 1975): 916–26, esp. 926.

126. C. Chan Gunn, W. E. Milbrandt, et al., *Recent Papers on Acupuncture and Related Subjects from the Workers' Compensation Board of British Columbia* (Vancouver, B.C., 1977), 10.

127. E. Grey Dimond, *More Than Herbs and Acupuncture* (New York: Norton, 1975), 151–55.

128. Kao, "China, Chinese Medicine" (n. 117), 2, 31.

129. NA, BS 6/1872, Sidney Rose-Neil, Report to National Health Service.

existing health care structures that privileged the needs of the few while denying care to the many. Acupuncture anesthesia, in short, was neither a neutral practice nor a standalone technique. It was a point of view, one that refused to see sick bodies as malfunctioning machines at the mercy of an all-encompassing capitalist system.[130]

Conclusion

In 1974, the cardiologist Leslie Kuhn penned a vehement screed against those who uncritically promoted the use of acupuncture anesthesia. Claiming that their support of the technique was often "accompanied by the clutching of the Red Book and the mouthing of the current political quotations in favor," he concluded that the entire phenomenon was "yield[ing] the unacceptable mixture of politics and medicine."[131] While Kuhn's comment had been aimed at those who endorsed the procedure, what he failed to realize was that the same remark could apply equally well to its detractors. From the time that Ethan Signer and Arthur Galston first received blowback about their observations in 1971, discussions about the technique were fundamentally enmeshed in Cold War rhetoric about communist threats and yellow perils. Even in light of successful experiments on white, Western bodies, many physicians refused to believe that acupuncture anesthesia could become a viable technique in a noncommunist setting. As the China specialist Leo Orleans underscored at a 1974 Senate hearing, "The most important ingredient that makes the health delivery system in China viable cannot be transferred. It is the Chinese society itself."[132]

Just as dissenters invalidated the technique by foregrounding the politics behind it, supporters bolstered it by doing the same. Within Maoist medicine, they argued, the politics was the point.[133] Acupuncture anesthesia was never intended to be a neutral value system or a strictly technical operation; from its very invention in 1958, it was part of a wider moral, political, and economic apparatus that disdained elitism and sought to return health decisions to popular control. The efficacy of acupuncture

130. Catherine L. Luh and David A. Wilson, "Acupuncture: Politics and Medicine," *Bull. Concerned Asian Scholars* 10, no. 1 (1978): 67–72, esp. 70.

131. Leslie A. Kuhn, "Acupuncture Anesthesia for Open Heart Surgery," *Amer. J. Cardiol.* 34 (August 1974): 254–55, quotation on 254.

132. Subcommittee on Health of the Committee on Labor and Public Welfare, U.S. Senate, "Health Policies and Services in China" (Washington, D.C.: Government Printing Office, 1974), 40.

133. Luh and Wilson, "Acupuncture" (n. 130), 67.

anesthesia (or its lack thereof) was therefore as much the product of physiological design as of the social environment in which it was being carried out. In recognizing this point, Shakur, Sidel, and others turned the conversation on its head. For them, acupuncture was not an opportunity to chastise the Chinese for their worship of Mao or their bizarrely performative displays of communist nationalism. It was, instead, an opportunity to reflect on the failures of Western capitalism by acknowledging the existence of alternative modes of health provision.

In both cases, the challenge occasioned by acupuncture anesthesia was not strictly a professional one. While professional interests were certainly at play in debates over the efficacy of the procedure, acupuncture anesthesia equally raised ideological questions about the correct relationship between medicine and politics, the place of Maoist China in a bipolar world order, and the ability of Western science to determine and dictate universal truths. To deny the potential utility of acupuncture was to deny the possibility that Chinese epistemologies had value, particularly when they existed outside the framework of biomedical knowledge and beyond the technocratic logic of medical expertise. It was this very concern over the *Chinese* aspects of Chinese medicine, in other words, that enabled its supporters to be cast in a politically dubious light and gave fuel to its detractors to proclaim such practices unequivocally illegitimate.

By the close of the 1970s, the nationwide frenzy over acupuncture anesthesia had slowly faded to a murmur. And yet debates over the utility of acupuncture—albeit no longer in its anesthetic form—did not come to an end. In subsequent decades, acupuncture's fate within American medicine remained closely tied to the shifting transnational relationships that had led to both its initial intrigue and its attempted rejection. By the turn of the 1980s, Mao Zedong's successor, the reform-minded Deng Xiaoping, had begun to dismantle many of the elements that had defined the preceding revolutionary era, including the health care practices that had led to the discovery of acupuncture anesthesia in the first place. Although sporadic research into the procedure continued throughout the decade, it was henceforth divorced from its ideological underpinnings and approached as a singularly physiological operation.[134] Meanwhile, the Cold War tensions that had made the technique an object of both fascination and indignation had also begun to dissipate. As China once again opened its borders to the world, students from Europe, the United States,

134. For example, *Di sijie quanguo zhenci mazui yu zhenci zhentong xueshu yanjiu hui* 第四届全国针刺麻醉与针刺镇痛学术研究会 [Fourth national acupuncture anesthesia and acupuncture analgesia academic research conference] (Beijing: Huiyi xueshu chu, 1991).

Africa, and Latin America flew to international conferences in Beijing to learn the secrets of needling from esteemed Chinese masters.[135]

To be sure, the attenuation of Cold War conflicts did not mean that acupuncture was able to gain unconditional welcome within the American health care system. In the decades immediately following Mao's death, American physicians, healers, and politicians continued to debate the validity and safety of the procedure in both curious and caustic tones. Yet, as the world moved further away from the revolutionary potentialities of Chinese communism, and as acupuncture continued to prove compatible with (and profitable for) American health care companies, acupuncturists increasingly carved out a niche alongside their biomedical counterparts. The timing, I would suggest, was not coincidental. Given the initial vitriol with which physicians approached the procedure during the late Cold War period, it is worth considering why acupuncture was able to gain wider sanction within American medicine only upon the collapse of Maoism: when it had been stripped of its revolutionary connotations, divested of its philosophical underpinnings, and integrated into the for-profit health care system—in short, when it had become a technique rather than a point of view.

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135. "Shoujie shijie zhenjiu xueshu dahui zai jing kaimu" 首届世界针灸学术大会在京开幕 [Inaugural world acupuncture congress begins in Beijing], *Renmin ribao*, November 24, 1987.