

Chapter 11

Nationalism and the Legitimacy of Traditional Chinese Medicine in Macau: Colonial Legacy and Contemporary Imaginaries

Loretta I.T. Lou

Abstract:

This chapter explores how colonial legacy and the transition of sovereignty influenced the legitimacy of Traditional Chinese Medicine (TCM) in Macau. Contrary to previous research suggesting that the legitimacy of TCM hinges on the creation of miracles, I posit that in Macau the credibility of TCM predominantly stems from empathetic healing and cultural nationalism, which repositions TCM as a source of national treasure and pride. Similar to the promotion of Confucianism, the internationalisation of TCM represents China's latest effort to use its traditional culture as a conduit of soft power. Through championing the dissemination of TCM across former Portuguese colonies, Macau not only contributes to China's intent to broaden its global influence, but it also accentuates the city's enduring role as a nexus between 'Chinese' and 'Western' medicinal practices, a legacy dating back to the 16th century.

Keywords:

Traditional Chinese Medicine (TCM), Nationalism, Lusophone connections, Macau, Portugal, China

Scholars of 'Traditional Chinese Medicine'¹ (TCM) have long noted that TCM is a project of nationalism – an imaginary and reinvented tradition of the People's Republic of China (PRC) (Croizier 1965; Farquhar 1996; Taylor 2004; Scheid 2007; Hsu 2008; Hsu 2021). Lauded as a remarkable national heritage, the Chinese government has supported and invested heavily in the institutionalisation and modernisation of Chinese medicine since the 1950s. Consequently, TCM is fully integrated into China's healthcare system and enjoys the same legal status as biomedicine (Farquhar 1996; Scheid 1999). Public support for Chinese medicine is also strong in the PRC (Scheid 1999). However, the same cannot be said for TCM outside of China. In places where biomedicine dominates the primary healthcare system, the legitimacy of TCM cannot be taken for granted. In recent years, researchers have explored how TCM practitioners established and grappled with the issue of legitimacy in Europe, North America (Zhan 2001; Zhan 2009; Lieber 2012; France and Rodriguez 2019), and Africa (Hsu 2002). Yet there is a lack of research on the legitimacy of TCM in peripheral Chinese regions, such as Hong Kong and Macau, former European colonies that became Special Administrative Regions (SARs) of the PRC in the late 1990s.

Drawing on my first-hand experience as a native Macanese and on my ethnographic research spanning over the past 17 years (2005, 2016, 2021, 2022), this chapter investigates how colonial legacy and the transfer of sovereignty have shaped the legitimacy of Traditional Chinese Medicine in Macau, where TCM has transitioned from being a local industry comprising small private practices to a national industry that receives support and promotion from the Chinese Central and Macau SAR governments. Firstly, I argue that while the *laissez-faire* governance of the Portuguese administration hindered TCM's official recognition prior to Macau's handover to China in 1999, its hands-off approach also prevented Chinese medicine from being eradicated from Macau's medical landscape. This allowed TCM practitioners to reinforce their legitimacy

¹ In this chapter, I use the term 'Traditional Chinese Medicine (TCM)' to refer to therapeutic practices endorsed by the People's Republic of China (PRC) during the mid-20th century. For therapeutic practices prior to this period, I refer to them generically as 'Chinese medicine' or 'Chinese therapies'.

through empathic healing and mutual diagnosis with patients. Secondly, following Macau's 'return to the motherland', nationalism has played an increasingly pivotal role in legitimising TCM. My research highlights that while nationalism has undoubtedly elevated the profile of TCM in postcolonial Macau, TCM itself has also provided the Macau SAR government and local TCM practitioners with a platform to showcase their patriotism to China by spearheading the introduction of Traditional Chinese medicine to other former Portuguese colonies. Such efforts have not only contributed to China's aspiration to assert its soft power and global influence but have also reinforced Macau's self-imposed cultural identity as a bridge between 'Chinese' and 'Western' medicine since the 16th century.

Public Health in Macau: A History

After more than 400 years of colonial rule since 1557, Macau, a former colony of Portugal, was returned to the People's Republic of China under the constitutional principle of 'One Country, Two Systems' in 1999. Although folk and Chinese medicine had circulated and been practised long before the colonial era, the lack of historical research on Macau before the arrival of the Portuguese has led most historians to mark the start of Macau's medical history with the establishments of the Santa Casa da Misericórdia de Macau (Macau Holy House of Mercy), Hospital de São Rafael (St Raphael Hospital), and Igreja de São Lázaro (St Lazarus Church). These three historically significant institutions were all founded between 1568 and 1569 by a Portuguese Jesuit missionary named D. Belchior Carneiro, S.J., who sought to save not only the bodies but also the souls of the patients. St. Raphael Hospital, commonly known to the Chinese as the 'healing temple', was the first Western-style hospital in Asia and served as the site of the first smallpox vaccinations in China (Barnes 2007; Amaro 2008; Macau Memories 2019; Cultural Affairs Bureau 2023). Meanwhile, the Portuguese missionaries of St Lazarus Church established 'one of the first leper asylums on Chinese soil', providing care for both Chinese and European lepers from the 16th century to the

19th century (Leung 2009, 287).

Despite these medical developments, historians have shown that during the late 16th and 18th centuries, both Chinese and foreigners in Macau preferred Chinese folk medicine to ‘Western’ medicine, observing that there were few reliable and skilful Western doctors in the Far East (Barnes 2007; Amaro 2008; Macau Memories 2019). In fact, Matteo Ricci (1552–1610), an Italian Jesuit priest and the most important founding figure of the Jesuit China missions, wrote in his journal that Chinese medicine was just as effective as Western medicine (Tao 2010).

In the 19th century, biomedicine underwent rapid development, with significant advancements that have had a lasting impact on the field (Bloch 1988). During this period, the Portuguese in Macau constructed the Centro Hospitalar Conde de São Januário (Conde S. Januário Hospital), commonly referred to as São Januário Hospital (S. Januário Hospital). Originally established as a military hospital in 1874, it was later converted into a public hospital, aiming to cater to the increasing healthcare needs of the local population. Concurrently, Chinese merchants in Macau established Kiang Wu Hospital (*Jingbu yiyuan* 鏡湖醫院) in 1871, marking the first ever hospital run by the Chinese in the city. While Kiang Wu Hospital primarily offered Chinese therapies, São Januário Hospital focused exclusively on biomedicine, reflecting the divergent medical approaches adopted by the Portuguese and the Chinese at that time.

The bubonic plague pandemic of the 1890s also compelled the typically hands-off Portuguese government to take action (Huang 2019; Huang 2021). Historians note that during this outbreak, the Macau-Portuguese government began regulating the city’s hygiene and investing in preliminary healthcare services for the public (Huang 2019; Huang 2021; Afonso 2007). For example, at the height of the bubonic plague in 1895, the Portuguese established *Zhangkai yiguan* 長開醫館, literally ‘long-hour clinic’, which provided free medical care to the public. An official Portuguese doctor and a translator staffed the clinic. Some historians speculate that this clinic may have served as a precursor to the present-day Serviços de Saúde de Macau (Macau Health Bureau) (Wu, Tang and Jin 2009, 2042).

By the early 20th century, the Macau-Portuguese government had already established a hospital and a limited number of medical stations, nurseries, and pharmacies (Wu, Tang, and Jin 2009). However, due to its laissez-faire approach, most Macau residents had to rely on private healthcare and local charities for medicine and treatments until the healthcare reform in the 1980s. It was not until 1979 that the Macau-Portuguese government finally established a health bureau, the Serviços de Saúde de Macau, to coordinate the activities of public and private institutions in the fields of health, medicine, and disease prevention (Decree-Law no. 4/79/M). This marked the beginning of Macau's medical modernisation. In 1984, an integrated healthcare system consisting of São Januário Hospital and a network of primary healthcare centres was established in response to a new wave of population growth. Until then, informal healthcare, both 'Western' and 'Chinese', had played a significant role in the lives of Macau residents.

The 1990s witnessed the continuous development of formalised biomedical care in Macau. Today, São Januário Hospital, which has been transformed into a modern facility offering a comprehensive range of medical services, is an illustration of this progress. Additionally, Macau now boasts several private hospitals alongside São Januário Hospital. While these private hospitals primarily focus on biomedicine, it is worth noting that they all incorporate a department for TCM (except for São Januário Hospital). In total, there are four hospitals in Macau, with São Januário serving as the only public hospital. These hospitals are accompanied by a network of 724 primary care premises, the majority of which are privately operated, as indicated by the health statistics of 2021 (DSEC 2021).

Given the prominence of biomedicine and the integration of TCM in private rather than public hospitals, it raises the question of where Chinese medicine – which once held a significant role in the city – fits within this evolving medical landscape.

The Legitimacy of Traditional Chinese Medicine in Macau

The status of TCM in Macau is intricately linked to the city's colonial legacy, its handover to China in 1999 and the rapid development of biomedicine in the 19th and 20th centuries. Unlike TCM doctors in Mainland China, who acquired a distinct professional identity as early as 1955 due to Mao's emphasis on self-reliance and scepticism toward Western medicine (Kirby 1989; Farquhar 1996; Kadetz and Stanley-Baker 2022), Chinese medicine was not integrated into Macau's public health service during the colonial era (Lou 2016). In fact, it was not until 1998, just a year before Macau's handover, that the Macau-Portuguese government faced pressure to mandate TCM doctors obtain a certificate from a recognised institution in Macau, Portugal, or Mainland China (Decree-Law no. 84/90/M; Meneses 2022, 66). During the same year, the government took a significant step to incorporate TCM services for the first time at one of the health centres. However, São Januário Hospital, the only public hospital in Macau, remains the sole facility to date without a dedicated department for TCM.

In his special report on Macau's TCM industry in January 2022, scholar-journalist João Paulo Meneses attributes this stagnation to the closed-mindedness of the Portuguese administration (Meneses 2022, 65). Nonetheless, a closer examination of publications and documents produced by the Association of Chinese Medicine in Macau suggests that the Portuguese administration may not have been as closed-minded as Meneses criticised. In fact, both the deputy secretary and the director of the Health Bureau attended the 25th-anniversary event of the Association of Chinese Medicine in Macau in 1991. Prior to that, the Health Bureau collaborated with the Association of Chinese Medicine in Macau in October 1989 to organise a series of public talks on Chinese and Western medicine. In her congratulatory remarks for the first issue of *The Journal of Chinese Medicine Doctors in Macau* (1991), Ana Maria Basto Perez, the Deputy Secretary for Health and Social Affairs of the Macau-Portuguese government (1991–1996), acknowledged TCM's significant contribution to alleviating human suffering. However, she also admitted the substantial challenges of integrating two fundamentally different medical systems into a unified health framework (cf. Chapter 8 on TCM in Brazil).

Although TCM is not officially integrated into Macau's healthcare system, it holds an important place in the history of Kiang Wu Hospital, the city's most renowned private hospital. In fact, the history of Kiang Wu Hospital serves as a micro-history of the rise, decline, and subsequent resurgence of Chinese medicine in Macau. Founded in 1871 by wealthy Chinese merchants, Kiang Wu Hospital initially operated as a traditional 'healing temple', exclusively providing Chinese therapies and medical treatments to the public. However, in 1892, Dr Sun Yat-sen (1866–1925), the founding father of the Republic of China and a biomedical doctor, introduced 'Western' medicine to the hospital. Despite his efforts to promote biomedicine, it was met with resistance from the public (Buchillet 2010). The public's suspicion towards 'Western' medicine has a long history. It was most pronounced during the outbreak of the bubonic plague in Macau and nearby regions in 1895. At that time, the Macau-Portuguese government initially planned to isolate all infected patients at the barrack-hospital of Solidão. However, due to the strong resistance of Chinese patients to Western medical treatment, the barrack-hospital of Solidão was ultimately designated for the isolation and treatment of the Catholic population or whoever was willing to receive Western medical care (Buchillet 2010, 82). As Elizabeth Sinn pointed out, 'isolation as a precautionary measure against infectious diseases was strange enough to the Chinese, the idea of being taken to a ship was even more incomprehensible' (Sinn 2003, 162). There were numerous rumours about foreigners cutting up the Chinese bodies, taking their liver, testicles, bones, and eyes out to make medicine (Platt et al. 1998, 37; Lou 2022). As a result, the majority of infected Chinese patients either succumbed to the disease at home or sought refuge in the quarantine wards established by Chinese doctors at Kiang Wu Hospital.

Despite these initial setbacks, 'Western' medicine gradually gained popularity among the Chinese population as the effectiveness of biomedical treatments improved in the 20th century. By the onset of World War II, the majority of patients at Kiang Wu Hospital opted for biomedicine for more immediate relief. Their decisions were also influenced by the shortage of Chinese herbal medicine caused by the Japanese army's blockade of Macau's land and waterways. Therefore, the

hospital had to halt its Chinese Medicine service, marking the start of the eventual decline of this healthcare option at Kiang Wu Hospital. With dwindling business and a scarcity of herbal medicine, the Chinese Medicine department struggled to sustain its operations and ultimately ceased to operate altogether in 1945 following the resignation of two Chinese Medicine practitioners.

After more than 50 years of suspension, the board of directors of Kiang Wu Hospital announced their intention to reinstate the Chinese medicine outpatient service, including acupuncture and an herbal medicine pharmacy. This move was undoubtedly motivated by the imminent return of Macau to Chinese sovereignty, where the concurrent use of Chinese and biomedicine is widely practised.

One of the primary challenges in the resumption of TCM services was the shortage of professional staff. To overcome this hurdle, on 17 February 1998, Kiang Wu Hospital signed a memorandum with the Chinese Medicine Hospital in Zhuhai. This partnership invited their TCM doctors to run a specialist clinic alongside Kiang Wu's own TCM doctors in Macau during the interim phase. Meanwhile, Kiang Wu Hospital continued its efforts to recruit new TCM doctors and provide further training opportunities for its staff. As the challenges surrounding the revival of TCM became more prominent, the Macau-Portuguese government could no longer ignore the issue. In 1998, just a year before Macau's handover to China, the local government finally took the necessary steps of implementing regulations on the licensing and qualifications of TCM providers.

On 23 March 1998, Kiang Wu Hospital officially reopened its TCM department after a prolonged hiatus. Despite the extended break, the demand for Chinese medicine in Macau remained strong. If you visit Kiang Wu Hospital's TCM department during the weekend, you will find a large crowd waiting patiently in the reception areas. In Macau, the demand for TCM has remained relatively stable since its handover to China (Meneses 2022, 62), and most locals incorporate both Chinese and Western medicine into their self-care routines. Before the reopening of Kiang Wu Hospital's TCM department in 1998, residents continued to seek TCM treatments

from small private TCM clinics and rely on the service of Tung Sin Tong, a respected charitable society that has been providing uninterrupted TCM services to the people of Macau since 1892.

Thanks to the Portuguese government's laissez-faire approach, Chinese medicine has remained a part of the city's medical landscape, never facing eradication. Its ups and downs have been influenced by changes in political regimes and social conditions. Therefore, understanding the legitimacy of Chinese medicine in Macau requires considering multiple factors: not just the city's medico-legal system (or its absence) but also the trust and confidence patients place in Chinese Medicine.

When I embarked on this research in 2005, viewers in Macau, Hong Kong, and China were captivated by the television show *In Search of Reclusive Doctors* (*Xunzhao yinshi yishu* 尋找隱世醫術), a documentary about medical miracles performed by TCM doctors. In exalting the Chinese doctors' miraculous power to save people on their deathbeds, the documentary paradoxically placed great emphasis on the scientific validity of TCM (Lou 2016). In line with this, the anthropologist Mei Zhan's study of TCM doctors in Shanghai and San Francisco also found that the legitimacy of Chinese medicine is built upon its ability to treat difficult cases (Zhan 2001, 454). She argues that TCM doctors have used miracle-making to 'craft a niche' for TCM within a biomedicine-centric healthcare system: "The everyday practice and discourse of traditional Chinese medicine has come to be "a site for the production of the extraordinary"" (Zhan 2001, 454).

In an environment where TCM faces fierce competition from biomedicine, it is understandable why some TCM practitioners feel they need to establish their legitimacy through miracle-making. However, my research in Macau suggests a different story. Although the Macau-Portuguese government had paid little attention to the legislation and development of Chinese medicine throughout the 20th century, miraculously, the majority of Chinese medical doctors in Macau have managed to carry on as private practitioners within the biomedicine-centric system, practising without the halo of miracles. How did they achieve this? While various factors contribute to the professional legitimacy of TCM in Macau, including accessibility and affordability, in this

chapter, I want to focus on three key strategies. These strategies challenge the idea that the legitimacy of TCM in Macau relies on miracle-making. Instead, they are based on: 1) fostering empathy and establishing mutual medical references between TCM doctors and patients; 2) refashioning TCM with discourses of science and modernity; and 3) promoting TCM as a celebration of cultural nationalism.

Looking at Illnesses Together

If legitimacy is not produced through extraordinary events or miracles on deathbeds, how and where else is it produced? In my research, I found that the professional legitimacy of Chinese medicine was reinforced by the ordinary practice of ‘looking at an illness’ (*kanbing* 看病) with their patients (Farquhar 1996, 2). Particularly in smaller TCM clinics, both TCM practitioners and their patients actively contribute to establishing medical norms (Ferzacca 2000, 30). Patients are so knowledgeable about their conditions that they are able to use TCM jargons such as ‘fire in the bones’ (*gubuo* 骨火), ‘depleted fire’ (*xubuo* 虛火), ‘cold cough’ (*banhai* 寒咳), ‘hot cough’ (*rebai* 熱咳), ‘dry’ (*gan* 乾), ‘wet’ (*shi* 濕) to describe their states of health. They called this *jiubing chengyi* 久病成醫, suggesting that after coping with an illness for an extended period, one eventually becomes their own doctor. In fact, many TCM users claim they can interpret their own prescriptions, as illustrated in the following conversation:

‘Licorice root (*gancao* 甘草) is *yaoyin* 藥引². Mrs Lam analysed her doctor’s handwritten prescription for me while we were sitting in the waiting room.

‘How do you know?’ I asked.

‘I’ve been eating Chinese medicine for many years now. *Jiubing chengyi* 久病成

² *Yaoyin* is also known as *yaoyinzi*. In Chinese Medicine, *yaoyin* serves as a conduit for certain medicines to reach their targeted organs, arteries, or veins.

醫!’

‘Do you think you would be able to read the Western medicine prescription?’

‘How could I?’ Mrs Lam laughed. ‘I’ve only had five years of primary school education. I don’t know English or Portuguese! How could I read it?’

TCM users are also proactive in self-diagnosis. When Mr Chan was diagnosed with sciatica by his doctor at the government hospital, he was certain that the doctor misdiagnosed him. ‘I am pretty sure that it is rheumatism. I felt so much better after drinking the herbal tea you prescribed me last night.’ Mr Chan told his TCM doctor. ‘*Xiyi* 西醫 (lit. doctors of Western medicine, that is, biomedicine) only know to give me pain killers!’

Similarly, when Mr Lee was diagnosed with a mental illness (*jingshenbing* 精神病) by a psychiatrist in the government hospital, he came to Dr. Tam’s clinic with a short article cut from a newspaper, titled ‘The Ancient Way to Cure Epilepsy’ (*zhidianzheng gufang* 治癲症古方). He urged Dr. Tam to give him the treatments mentioned in the article because he appeared to suffer from the same symptoms.

‘The psychiatrist said I have a mental disorder! I don’t! I just have numb and tingling fingers!’ Mr. Lee said angrily.

‘I believe you! I believe you! The hospital is very wrong in prescribing you those drugs’. Dr. Tam tried to calm him down.

After Mr. Lee left, Dr. Tam sighed: ‘Whenever a patient can’t speak clearly, *xiji* prescribe them psychotic drugs. Alas, even if he wasn’t crazy, he certainly would be after taking those medications for such a long time!’

The practice of looking at an illness together (*kanbing*) (Farquhar 1996, 2) not only

distinguishes Chinese medicine from Western (bio-)medicine in terms of doctor-patient relationship, but it also legitimates the need for a second opinion from Chinese medicine doctors. TCM doctors are more likely to embrace pluralism (Scheid 2002) and understand patients who often feel their personal experience of health and sickness is undervalued in the standardised processes of modern medicine (Lo and Stanley-Baker 2012). Shared cultural references in TCM enable both parties to engage and contribute to the understanding of health and illness. Chinese medicine knowledge is thus owned not only by the TCM doctors but also by Chinese patients who share the same cultural heritage. Unlike Western medicine doctors who sometimes feel the need to assume a different identity while on duty (Good 1993), TCM doctors strive to communicate in the language of their patients and openly express their personal side. It is this human touch that helps legitimise the cultural value of Chinese medicine in the absence of miraculous treatments (cf. Chapters 2, 3, and 4).

It's Not Miracles, It's Science

Given the delayed legislation surrounding the licensing of private healthcare services and the specific qualifications required to enter the field of TCM (Decree-Law no. 84/90/M), TCM practitioners in Macau feared being further marginalised as miraculous healers. Unlike their counterparts in San Francisco or Shanghai (Zhan 2001), Dr. Tam was particularly annoyed when people said Chinese medicine can perform miracles: 'Do they really think Chinese medicine can cure everything? That's absurd! We are doctors, not deities! To expect us to fix everything is demeaning! A death case is a death case!'

Indeed, most TCM practitioners I interviewed shared the view that miracles are not easily made, if they can be made at all. While miracle-making may be seen as a sign of professional achievement by some TCM practitioners (Zhan 2001, 453), others take offence at the stereotype, as it implies that TCM is unscientific (Lou 2016).

However, the delayed regulation of TCM by the Macau government did cause anxiety among some TCM practitioners, particularly the *zhongyishi* 中醫師, who were recognised not through an accredited degree but by a committee chaired by a TCM professional body (Lou 2016). In Macau, the government distinguishes between a *zhongyisheng* 中醫生 (Chinese medicine doctor) – namely, a TCM practitioner with a university degree – and a *zhongyishi* (Chinese medicine master), a healer who is trained through the traditional apprentice system and practises without a university degree. The distinction originated during the colonial era but has gradually transitioned towards completely phasing out the licensing for Chinese medicine masters, thereby restricting the practice of Chinese medicine to those with accredited degrees. Not everyone welcomed this move. Veteran *zhongyishi* Dr. Tam voiced his discontent during a 2005 interview:

This policy goes against Chinese culture! Tell me, who do you think is more senior, *shi* 師 (teacher) or *sheng* 生 (student)? In Mainland China, they don't differentiate between Chinese doctors in this manner. The Portuguese divided us based on whether we had a degree or not. But let me ask you, what's more important, a diploma or experience? Chinese medicine is *jingyan yixue* 經驗醫學 (medicine based on experience). However, in Macau, the government views young doctors with a degree as more legitimate.

Having said that, Dr. Tam's tone shifted noticeably when I asked him about his experience as his father's apprentice. Coming from a family of Chinese medicine doctors, Dr. Tam's father was a renowned *zhongyishi* and received numerous honours for his contribution to Chinese medicine in Macau. One would expect Dr. Tam to take pride in his background. However, he appeared uncomfortable discussing the apprenticeship system, as he considered it unprofessional and unsustainable for the long-term development of TCM.

Look, we shouldn't dwell too much on the master-and-apprentice system of the past. Let's focus on the current state of TCM education. If you emphasise the old apprenticeship system, it might give the impression to Americans that our medicine is inferior to theirs.

With that, he went upstairs to retrieve a pamphlet from the Faculty of Chinese Medicine at Macau University of Science and Technology. 'Instead, I think you should highlight the 39 courses we currently offer to our TCM students', Dr. Tam proposed. As one of the TCM programme advisors, Dr. Tam urged me to share the TCM curriculum with my American colleagues. He was trying to convince me that TCM is not only as scientific as Western medicine but also superior in terms of breadth. 'We Chinese medicine doctors need to study Western medicine', Dr. Tam said, 'while Western doctors only focus on Western medicine. Do you see what I'm getting at?'

Dr. Tam's perspective resonated widely within the TCM community. Dr. Wu, another TCM doctor who stressed the role of modern science in the legitimization of TCM, pointed me to this excerpt from *The Journal of Chinese Medicine Doctors in Macau* (1991):

The scope of modern Chinese medicine is remarkably extensive, encompassing literature and history, animal physiology and plant ecology, meteorology and astronomy, geography and geology, chemistry and genetic engineering. Chinese medicine is a holistic discipline that incorporates advanced science and technology. It is imperative for us to leverage modern science and conduct research to discover new avenues for enhancing our field.

Within Macau's TCM circle, the term 'science' was used casually and synonymously with 'modern' – and being 'modern' was considered a good thing. The historian Sean Hsiang-lin Lei makes a

similar point in his book *Neither Donkey nor Horse*, where he explores the transformation of Chinese medicine from being perceived as the opposite of modernity in the early 20th century to becoming a significant symbol and vehicle for China's own pursuit of modernity half a century later (Lei 2014). This attitude is closely related to Mao's successor Deng Xiaoping's determination to 'rejuvenate the nation through science education' (*kejiao xingguo* 科教興國), a development strategy to make science and technology (*keji* 科技) a national priority. Indeed, as Judith Farquhar remarks, 'medicine is the only indigenous Chinese science to continue into the twentieth century in a way that is institutionally and discursively prominent' (Farquhar 1996, 222).

So, what has Macau done to make Chinese medicine great again? In recent years, Macau has made significant strides in promoting TCM by positioning itself as a national and international hub in the field. Since 2011, Macau has been a member of the World Health Organization's Collaborating Centre for Traditional Medicine (CCTM), actively advocating for the integration of Chinese medicine into the primary healthcare system. Meanwhile, the Guangdong-Macau TCM Park (GMTCM Park) serves as a flagship industry park, facilitating collaboration between Macau and TCM enterprises from other regions of China. The park aims to not only standardise TCM within China but also internationalise it for overseas markets (Meneses 2022, 54). To bolster the impact of these national and international hubs, the Macau University of Science and Technology and the University of Macau's Institute of Chinese Medical Sciences each welcomed their first ever Chinese state key laboratories in 2011 (Meneses 2022, 54; Lam 2017, 161), putting science rather than miracles at the forefront of Chinese medicine.

In comparison to the Macau-Portuguese government, the Macau SAR government has shown an unprecedented interest in TCM. What are the underlying motivations behind these national policies and investments? Why are the government and TCM practitioners so enthusiastic about developing, industrialising, and promoting the TCM sector in Macau? In the final section, I argue that Chinese medicine offers the Macau SAR government and local TCM practitioners an opportunity to express their patriotism by actively promoting a relatively unchallenged form of

cultural nationalism.

Nationalism and Traditional Chinese Medicine

Sixty years after Mao Zedong endorsed Chinese medicine as ‘a great treasure house’ that ‘should be diligently explored’ (1958), Xi Jinping, current president of the People’s Republic of China, gave a very similar speech during a visit to the Guangdong-Macau TCM Park (GMTCM Park) in 2018. President Xi said, ‘TCM is a treasure of Chinese civilization. More efforts should be made in exploring the essence of TCM and advancing the industrialization, modernisation and globalisation of TCM’.

Long before the reunification of Macau and China in 1999, Macau’s TCM practitioners had hoped to establish a closer relationship with the TCM sector in China. In Macau, the majority of TCM practitioners are patriots and nationalists who believe that TCM is a remarkable national heritage that has plenty to offer to the world. This kind of sentiment can be found in numerous speeches and publications produced by not only Macau’s TCM communities but also their counterparts in neighbouring Hong Kong (Pang 2018). For example, in an article published in *The Journal of Chinese Medicine Doctors in Macau* in 1991, a TCM doctor wrote: ‘Every Chinese medicine practitioner should be proud of our nation. We are responsible for exalting our nation’s traditional medicine. To achieve this, we should make use of modern science and research new ways of improving our field’.

Even though traditional Chinese medicine is a Communist project and an invented tradition for cultural nationalism in the 1950s (Croizier 1965; Farquhar 1996; Taylor 2004; Scheid 2007; Hsu 2008; Hsu 2021), this fact has not and will not dampen Macau doctors’ enthusiasm for making Chinese medicine great again. Similar to other forms of cultural nationalism in China (Guo 2004), such as the promotion of Confucianism (Cheung 2012; Hubbert 2019) and the Han Clothing movement (Carrico 2017), cultural nationalism derived from TCM is ‘marked by idealism and pride in China’s ancient philosophy and cultural heritage’ (Hsu 2008, 465). However, as

political scientist Kelvin Cheung rightly points out, ‘the sentiment born of “the century of national humiliation” is insufficient to explain the phenomenon of Chinese new nationalism’ (Cheung 2012, 205). ‘Instead of continuing to rely on the West as the benchmark against which it defines its success’, Cheung argues, ‘China is becoming more assertive in its own perspectives and values’ (Cheung 2012, 206).

With respect to Traditional Chinese medicine, this new trend of nationalism can be discerned in its globalisation and the strategic integration of TCM with biomedicine. As Elisabeth Hsu notes, while ‘Chineseness continues to be celebrated’ and nationalistic sentiments remain strong (Hsu 2008, 466), the Chinese government’s commitment to integrating of traditional and modern medicine is ‘remarkable if not unique’ (Hsu 2008, 469), given that most governments in the world ‘discourage the integration of biomedical and local medical theory and practice’ (Hsu 2008, 469). In highlighting the innovativeness of such integration, where Chinese medicine is given equal footing with Western medicine instead of relying solely on Western medicine as the benchmark of good science, Chinese medicine is ‘becoming more assertive about its own values and perspectives’ (Cheung 2012, 206), thereby engendering new China imaginaries. Moreover, by emphasising the uniqueness of such system, the notion of ‘Chinese characteristics’ (*Zhongguo tese* 中國特色) constitutes ‘the new parameters within which China’s future development derives its legitimacy’ (Cheung 2012, 207). This is evident in the discourses of ‘socialism with Chinese characteristics’, ‘development with Chinese characteristics’ or ‘higher education with Chinese characteristics’ (Cheung 2012, 207).

To play their part in the internationalisation of TCM, the Macau SAR government and the TCM practitioners in Macau are expected not only to eulogise TCM’s history and achievements – an imaginary practice exemplified in the quote from the *Journal of Chinese Medicine Doctors in Macau* – but also to help TCM gain a share in the lucrative global health market. The culture of demonstrating patriotism can be traced back to the Chinese Communist Party’s (CCP) emphasis on absolute devotion and loyalty to the party. However, unlike in the early years, the CCP is no

longer ‘reliant on an ascriptive understanding of loyalty based on class labels’ when the party needed to ‘recruit beyond the so-called revolutionary classes of workers and peasants’ (Doyon and Yang 2022, 388). Instead, the ascriptive approach to loyalty is now superseded by a behavioural approach, which expects local officials and anyone who must maintain a close tie with the CCP to publicly display and declare their loyalty (Doyon and Yang 2022; Shih 2008). Since Macau’s economy is highly dependent on China’s patronage, it is important for Macau to actively declare its loyalty to China and contribute to its various development plans.

One of the crucial ways in which Macau has made itself useful to China is by facilitating communication and cooperation between China and Portuguese-speaking countries (Santos 2020). In 2003, Beijing decided to take advantage of Macau’s unique historical and geopolitical position and designate it as a Sino-Lusophone interface between Macau, China, Portugal, and the former Portuguese colonies (Santos 2020, 36). Since then, Macau has hosted numerous events and initiatives aimed at promoting trade, investment, and cultural exchange between China and Lusophone countries. The establishment of the Forum for Economic and Trade Cooperation between China and Portuguese-speaking Countries (hereafter the Macau Forum) is widely regarded as a breakthrough in ‘turning Macau into a hub of commercial arbitration between entrepreneurs’ from China and many Lusophone countries (Santos 2020, 50).

In Macau, TCM is among the first sectors to leverage Macau’s connection with Portuguese-speaking countries. Consequently, promoting TCM among Portuguese-speaking countries has become one of the top priorities of the Macau Forum (Meneses 2022, 60). Since 2017, Macau has established partnerships with medical authorities in Portugal, Mozambique, and Cape Verde, offering TCM training to doctors in these countries. In 2022, the Macau SAR government enacted Decree-Law No. 11/2021 to regulate pharmaceutical activities in the realm of TCM. The law allows the industry to create markets for TCM beyond Macau, opening up opportunities for its expansion. Prior to this legislation, Chinese medicines manufactured or registered in Macau were restricted from entering the market of Mainland China, let alone Portuguese-speaking countries

(Meneses 2022, 49). With this law, the Macau SAR government hopes to facilitate the global distribution of Chinese medicine produced or registered in Macau and consolidate the city's role as a Sino-Portuguese platform for TCM.

The proactive development and industrialisation of TCM in Macau is a directive by the Central government to strengthen Macau's position in the global TCM market and boost China's exports. According to *The Paper News*, in 2021, China's export rate of TCM products and its international market share were very low. Only 20% of Chinese TCM products are exported overseas, with an international market share of less than 3%. In contrast, Japan holds a high international market share of 90% for traditional herbal medicine (Wang 2021). Naturally, with Macau's long-term connections with Lusophone countries and being the home of the first and only National Key Laboratory for Chinese Herbal Pharmacology, it is regarded as the ideal platform for the global expansion of TCM and Chinese Herbal Pharmacology (Wang 2021).

The industrialisation of TCM in Macau is also a response to Beijing's order to diversify its economy, which has been heavily dependent on revenues from the gambling industry since the Portuguese government legalised gambling in 1849 (Godinho 2014). Failure to respond to Beijing's demand would not only signify a lack of competence but also a lack of loyalty. Despite its unambiguous ambition, many of Macau's economic diversification projects end up like castles in the sky, including the Guangdong-Macau TCM Park. A recent report by the Commission of Audit questioned if the 14.7 billion Renminbi spent on the Park will ever break even (All About Macau 2021). Still, with the display of patriotism being a top priority, the Macau SAR government has to ride on this wave of cultural nationalism and reimagine itself as a bridge between the 'East' and the 'West', with or without fiscal benefits. This was evident in the Macau SAR government's incorporation of TCM in their anti-COVID policy. Although the overall effectiveness of TCM as a COVID treatment is inconclusive (Cyranoski 2020), the Chinese government insists on using TCM drugs to treat the disease. It is reported that 92% of the country's COVID-19 cases were treated with TCM to some extent (Jakhar 2020). Closely following the national policy, the Macau

SAR government gave every resident of Macau a free pack of *Lianhua qingwen* 蓮花清瘟 – a TCM-formulated drug used for the treatment of influenza – in addition to the generic paracetamol during the peak of the pandemic. However, it is unclear what the take-up rate of *Lianhua qingwen* was.

The persistence of developing China's own COVID vaccines and using TCM to treat the pandemic is one of the most compelling examples of China's new nationalism, wherein new discourses of 'Chinese characteristics' are used to support an alternative medical model that is independent of Western prescriptive (Cheung 2012, 209). As the deputy head of the National Administration of Traditional Chinese Medicine elaborated, China is 'willing to share the Chinese experience and Chinese solution of treating COVID-19 with other countries, and let more countries learn about Chinese medicine, understand Chinese medicine, and use Chinese medicine' (Jakhar 2020).

Conclusion

This chapter examined the impact of colonial legacy and the transfer of sovereignty on the legitimacy of Traditional Chinese Medicine in Macau today. Contrary to the prevalent perception that TCM relies on miracle-making to establish its legitimacy, I argued that the legitimacy of TCM in Macau is established through three main strategies: first, by fostering empathy and building mutual medical references with TCM patients; second, by reimagining TCM in light of the discourses of modernity, science, and technology; and finally, by aligning TCM with a new form of cultural nationalism. Like the promotion of Confucianism, the internationalisation of TCM is China's latest endeavour to reinvent traditional Chinese culture as a source of soft power. Given its earlier success in curing malaria with *Artemisia carvifolia* (*qinghao* 青蒿) (Hsu 2006), TCM may indeed have a better chance than more contested forms of cultural nationalism, such as New Confucianism, to exert its influence on the global community. As to Macau, it has always taken pride in being the first Chinese city where 'Chinese' medicine met 'Western' medicine. With the

influence of nationalism, it will spare no effort to extend this 16th-century legacy to the 21st century.

References

- Afonso, José da Conceição. 2007. 'Macau: Contributos Para a História Do Abastecimento de Água Potável à Cidade'. *Revista Da Administração Pública de Macau* 75, no. 1: 1269.
- All About Macau Media. 2021. 'It Is Doubtful Whether the 14.7 Billion Chinese Medicine Industrial Park Can Break Even'. *All about Macau Media*, 19 January. <https://shorturl.at/iuDW7>.
- Amaro, Ana Maria. 2008. 'Aomen yixue mingyi yaofang liuxingbing ji yiwu zhiliao 澳門醫學、名醫、藥房、流行病及醫務治療 [Macau Medicine: Famous Doctors, Pharmacies, Epidemiology and Medical Treatment]'. In *Nova História de Macau/Aomenshi xinbian 澳門史新編*, vol. 3, edited by Guoping Jin and Haijian Tang, 993. Macau: Fundação Macau.
- Barnes, Linda L. 2007. *Needles, Herbs, Gods, and Ghosts China, Healing, and the West to 1848*. Cambridge: Harvard University Press.
- Bloch, Harry. 1988. 'Medicine and Science in the 19th and 20th Centuries'. *Journal of the National Medical Association* 80, no. 2: 229–32. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2625730/?page=1>.
- Buchillet, Dominique. 2010. 'The 1895 Epidemic Outbreak of Bubonic Plague in Macao: A Portuguese View on the Transmission and Spread of Plague'. *Review of Culture* 34: 77–91.
- Carrico, Kevin. 2017. *The Great Han. Race, Nationalism, and Tradition in China Today*. Berkeley: University of California Press. <https://doi.org/10.1525/california/9780520295490.001.0001>.
- Cheung, Kelvin Chi-Kin. 2012. 'Away from Socialism, towards Chinese Characteristics: Confucianism and the Futures of Chinese Nationalism'. *China Information* 26, no. 2: 205–18. <https://doi.org/10.1177/0920203x12440548>.
- Croizier, Ralph C. 1965. 'Traditional Medicine in Communist China: Science, Communism and Cultural Nationalism'. *The China Quarterly*, no. 23: 1–27. <https://doi.org/10.1017/s0305741000009863>.
- Cultural Affairs Bureau. 2023. 'AM019: Consulate General of Portugal in Macao and Hong Kong (Building of the Former St. Raphael Hospital and Garden)'. Cultural Heritage of Macao. 2023. [https://www.culturalheritage.mo/\(X\(1\)S\(dqyunk0f2vp2kxguj5c2xuqg\)\)/en/detail/99972?AspxAutoDetectCookieSupport=1#:~:text=reconstruction%20in%201939.-](https://www.culturalheritage.mo/(X(1)S(dqyunk0f2vp2kxguj5c2xuqg))/en/detail/99972?AspxAutoDetectCookieSupport=1#:~:text=reconstruction%20in%201939.-).
- Cyranoski, David. 2020. 'China Is Promoting Coronavirus Treatments Based on Unproven Traditional Medicines'. *Nature*, May. <https://doi.org/10.1038/d41586-020-01284-x>.
- Doyon, Jérôme, and Long Yang. 2022. 'Shades of Red: Changing Understandings of Political Loyalty in the Chinese Communist Party, 1921–2021'. *Journal of Current Chinese Affairs* 51 no. 3. <https://doi.org/10.1177/18681026221119220>.
- DSEC. 2021. 'Health Statistics 2021'. *Official Statistics*. Documentation and Information Centre of

- the Statistics and Census Service.
https://www.dsec.gov.mo/getAttachment/1b795d1d-3dbb-40f0-be66-712e46d07ade/C_SAU_PUB_2021_Y.aspx.
- Farquhar, Judith. 1994. *Knowing Practice: The Clinical Encounter of Chinese Medicine*. 1st ed. New York: Routledge. <https://doi.org/10.4324/9780429499449>.
- Ferzacca, Steve. 2000. “‘Actually, I Don’t Feel That Bad’: Managing Diabetes and the Clinical Encounter”. *Medical Anthropology Quarterly* 14, no. 1: 28–50.
<https://doi.org/10.1525/maq.2000.14.1.28>.
- France, Honoré, and Carmen Rodriguez. 2019. “Traditional Chinese Medicine in Canada: An Indigenous Perspective”. *Chinese Medicine and Culture* 2, no. 1: 1.
https://doi.org/10.4103/cmac.cmac_2_19.
- Godinho, Jorge. 2014. ‘Casino Gaming in Macau: Evolution, Regulation and Challenges’. *UNLV Gaming Law Journal* 5, no. 1.
<https://scholars.law.unlv.edu/glj/vol5/iss1/7>.
- Godinho, Jorge A.F. 2012. ‘A History of Games of Chance in Macau: Part I — Introduction’. Papers.ssrn.com. Rochester, NY. 10 October.
<https://ssrn.com/abstract=2263185>.
- Good, Byron J. 1993. *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.
<https://doi.org/10.1017/cbo9780511811029>.
- Guo, Yingjie. 2004. *Cultural Nationalism in Contemporary China: The Search for National Identity under Reform*. London: Routledge.
- Hsu, E. 2008. “The History of Chinese Medicine in the People’s Republic of China and Its Globalization”. *East Asian Science, Technology and Society* 2, no. 4: 465–84.
<https://doi.org/10.1215/s12280-009-9072-y>.
- Hsu, Elisabeth. 2002. “‘The Medicine from China Has Rapid Effects’: Chinese Medicine Patients in Tanzania”. *Anthropology & Medicine* 9, no. 3: 291–313.
<https://doi.org/10.1080/13648470216335>.
- Hsu, Elisabeth. 2006. ‘Reflections on the “Discovery” of the Antimalarial Qinghao’. *British Journal of Clinical Pharmacology* 61, no. 6: 666–70. <https://doi.org/10.1111/j.1365-2125.2006.02673.x>.
- Hsu, Elisabeth. 2021. ‘Traditional Chinese Medicine History, Ethnography, and Practice’. In *Routledge Handbook of Religion, Medicine and Health*, edited by Lüdeckens Dorothea, Philipp Hetmanczyk, Pamela E. Klassen, and Justin B. Stein. London: Routledge.
- Huang, Yanhong. 2019. ‘1895 nian Aomen gongong weisheng de fazhan 1895 年澳門公共衛生的發展’ [The Plague of 1895 and the Development of Public Health in Macao]. *Revista da Universidade Politecnica de Macau* 3: 174–82.
https://journal.ipm.edu.mo/images/journal_c/2019_3/201903-174-182.pdf.
- Huang, Yanhong. 2021. ‘Aomen gongong weisheng de fazhan yu jinbu Cong shuyi SARS dao xinguan feiyan 澳門公共衛生的發展與進步：從鼠疫、SARS 到新冠肺炎’ [The Development and Progress of Public Health in Macao: From Plague, SARS to New Coronary Pneumonia]. *Administração* 34, no. 131: 1–17. <https://safp.gov.mo>
https://www.safp.gov.mo/WCM_075676.
- Hubbert, Jennifer Ann. 2019. *China in the World: An Anthropology of Confucius Institutes, Soft Power,*

- and *Globalization*. Honolulu: University of Hawai'i Press.
- Jakhar, Pratik. 2020. 'Covid-19: China Pushes Traditional Remedies amid Outbreak'. *BBC News*, 28 June, sec. Asia. <https://www.bbc.co.uk/news/world-asia-53094603>.
- Kadetz, Paul, and Michael Stanley-Baker. 2022. 'About Face: How the People's Republic of China Harnessed Health to Leverage Soft Power on the World Stage'. *Frontiers in Human Dynamics* 3 (February). <https://doi.org/10.3389/fhumd.2021.774765>.
- Kirby, William C. 1989. 'Technocratic Organization and Technological Development in China'. In *Science and Technology in Post-Mao China*, edited by Merle Goldman and Denis Fred Simon, 23–44. Cambridge, MA: Harvard University Asia Center. <https://doi.org/10.2307/j.ctt1sq5t6m.6>.
- Lam, Nogueira Oi Ching Bernice. 2017. 'Traditional Chinese Medicine in Health Care in Macao'. *Revista de Enfermagem Referência* IV Série, no. 13: 157–64. <https://doi.org/10.12707/riv17007>.
- Leung, Angela Ki Che. 2009. *Leprosy in China: A History*. New York: Columbia University Press. <https://doi.org/10.7312/leun12300>.
- Lei, Sean Hsiang-lin. 2014. *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity*. Chicago: University of Chicago Press. <https://doi.org/10.7208/chicago/9780226169910.001.0001>.
- Lieber, Marylène. 2012. 'Practitioners of Traditional Chinese Medicine in Switzerland: Competing Justifications for Cultural Legitimacy'. *Ethnic and Racial Studies* 35, no. 4: 757–75. <https://doi.org/10.1080/01419870.2011.577227>.
- Lo, Vivienne, and Michael Stanley-Baker. 2012. 'Chinese Medicine'. In *Oxford Handbook of the History of Medicine*, edited by Mark Jackson, 150–68. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199546497.013.0009>.
- Lou, Loretta. 2016. 'Beyond Miracles: How Traditional Chinese Medicine Establishes Professional Legitimacy in Post-Colonial Macau'. *Somatosphere*, 9 December. <http://somatosphere.net/2016/beyond-miracles-how-traditional-chinese-medicine-establishes-professional-legitimacy-in-post-colonial-macau.html/>.
- Lou, Loretta. 2022. 'From Hygienic Modernity to Green Modernity: Two Modes of Modern Living in Hong Kong since the 1970s'. In *Design and Modernity in Asia: National Identity and Transnational Exchange 1945–1990*, edited by Yunah Lee and Megha Rajguru, 105–20. Bloomsbury Publishing. <https://doi.org/10.5040/9781350091498.ch-6>.
- Macau Memory. 2019. 'Yiliao weisheng 醫療衛生' [Health Care]. Macau Memory. Fundação Macau. https://www.macaumemory.mo/category_55c328a7ed86f568b3751d9c.
- Meneses, João Paulo. 2022. 'Special Report: Traditional Chinese Medicine Breathing a New Life'. *Macau Business*, January.
- Pang, Ka Wei. 2018. 'The Making of Chinese Medicine in Hong Kong'. *Social Transformations in Chinese Societies* 14, no. 1: 17–28. <https://doi.org/10.1108/stics-01-2018-0003>.
- Platt, Jerome J., Maurice E. Jones, and Arleen K. Platt. 1998. *Whitewash Brigade: Hong Kong Plague of 1894*. London: Dix Noonan Webb.
- Santos, Jose Carlos Matias Dos. 2020. 'Macau and China-Portuguese Speaking Countries Relations: From Nation Branding to Soft Power'. In *Macau 20 Years after the Handover: Changes and Challenges under "One Country, Two Systems"*, edited by Meng U Ieong, 36–53. London: Routledge. <https://doi.org/10.4324/9780429323157>.

- Scheid, Volker. 1999. 'The Globalisation of Chinese Medicine'. *The Lancet* 354 (SIV10).
[https://doi.org/10.1016/S0140-6736\(99\)90353-7](https://doi.org/10.1016/S0140-6736(99)90353-7).
- Scheid, Volker. 2002. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham: Duke University Press.
<https://doi.org/10.1215/9780822383710>.
- Scheid, Volker. 2007. *Currents of Tradition in Chinese Medicine, 1626–2006*. Seattle: Eastland Press.
- Sinn, Elizabeth. 2003. *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong*. Hong Kong: Hong Kong University Press.
- Shih, Victor Chung-Hon. 2008. "“Nauseating” Displays of Loyalty: Monitoring the Factional Bargain through Ideological Campaigns in China". *The Journal of Politics* 70, no. 4: 1177–92.
<https://doi.org/10.1017/s0022381608081139>.
- Tao, Fei Ya. 2010. 'Chuanjiaoshi zhongyiguan de bianqian 传教士中医观的变迁 [Changes in Missionaries' Views on Traditional Chinese Medicine]'. *Lishi yanjiu* 5: 60–78.
<https://www.globethics.net/pdfs/CNKI/CPFD/ZSKS200908001005.pdf>.
- Taylor, Kim. 2004. *Chinese Medicine in Early Communist China, 1945–1963*. London: Routledge.
<https://doi.org/10.4324/9780203311271>.
- Wang, Ning. 2021. 'Why Is the Hengqin Guangdong-Macau In-Depth Cooperation Zone Focused on Traditional Chinese Medicine?'. *Paper News*.
https://m.thepaper.cn/newsDetail_forward_14425859.
- Wu, Zhiliang, Kaijian Tang, and Guoping Jin, eds. 2009. *Aomen biannianshi Disijuan 澳門編年史：第四卷* [Chronicle of Macau, Vol. 4]. Guangdong: Guangdong renmin chubanshe.
- Zhan, Mei. 2001. 'Does It Take a Miracle? Negotiating Knowledges, Identities, and Communities of Traditional Chinese Medicine'. *Cultural Anthropology* 16, no. 4: 453–80.
<https://doi.org/10.1525/can.2001.16.4.453>.
- Scheid, Volker. 2009. *Other-Worldly Making Chinese Medicine through Transnational Frames*. Durham: Duke University Press. <https://doi.org/10.2307/j.ctv1198xrp>.



Citation on deposit: Lou, L. I. T. (2025). Nationalism and the Legitimacy of Traditional Chinese Medicine in Macau: Colonial Legacy and Contemporary Imaginaries. In I. Gaitanidis, L. F. B. Junqueira, A. Morrow, & S.-Y. Han (Eds.), *Therapy, Spirituality, and East Asian Imaginaries* (277-298). Amsterdam University

Press. <https://doi.org/10.2307/jj.25136991.21>

For final citation and metadata, visit Durham Research Online URL:

<https://durham-repository.worktribe.com/output/3739606>

Copyright statement: This content can be used for non-commercial, personal study.