

Response to Rebuttal by Dr. Hammer

**Rebuttal/Leon Hammer article By Z'ev Rosenberg, L. Ac., F.N.A.A.O.M.
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Introduction

Before I enter into the substance of Dr. Rosenberg's rebuttal, I want to thank the Journal of Acupuncture and Oriental Medicine for publishing my article and thank Dr. Rosenberg for his response.

I also wish to briefly clarify my position before responding point by point so that the reader is oriented to the substance of the debate.

1. My paper was inspired by another, written by acknowledged neo-classicists, which referred to a recent publication of Wang Shu-He's work by a reputable publisher.

2. The subject of that other paper, later withdrawn from publication after my own was written, was Wang Shu-He's definition of the Choppy pulse as stated in 'Wang Shu-he, translated by Yang Shou-zhang and published by Blue Poppy Press'.

Wang's definition was used to prove that my own description and interpretation of certain pulse qualities were all actually only variations of the attributes of Wang's Choppy quality. The conclusion was that I had taken Wang's work and invented other false qualities that were actually all a sign of blood stagnation, and not what I asserted. Some of these are the Interrupted, the Scattered, the Slow, Changing Amplitude, Fine and Changing Qualities.

3. My paper analyzes their faulty logic, defines the Choppy quality and illustrates the dangers in Wang's definition according to that book of their choosing. In order to do this I had no choice but to refer only to the content of the book I was refuting.

4. I argue that the classics be studied, but only with a critical eye for errors based on the facts as they appear today, and not accepted as gospel only because they are old. As the rebuttal points out, these works were debated in their time with considerable skepticism as any reading of Unschuld's translation of the Nan Qing will support.

5. I offer the work of Dr. Shen and myself as one attempt to bring the ancient and magnificent pulse diagnosis into modern times, something that despite the rebuttal's assertion that the medicine has always adapted to the times, has not been true for this discipline for a very long time. The last major work on the subject was by Zhang Jie-bin in 1624, and was all but eliminated by both Chiang and Mao [based on their directives, by contact with an endless stream of graduates of Chinese schools and by my experience of three months in a Chinese hospital]

The center-piece of the rebuttal is that the translation of Wang's work is of too poor quality to use for an analysis of his work. The argument is made that the only valid basis for such an analysis is the original Chinese, and that only a person versed in ancient Chinese has the authority to make such an analysis.

The choice of 'Wang Shu-he, translated by Yang Shou-zhang and published by Blue Poppy Press' as the basis for the attack on my work, was made by my neo-classicist antagonists, not by me. Therefore the basis for the rebuttal is specious because the

premise that I chose an inadequate translation with which to analyze Wang is wrong. I did not choose it.

I have no argument against using a better translation, or that the neo-classicist critics of my work chose a poor one. I was limited, if not only by my lack of a classical Chinese education [about which the rebuttal is obsessed], but by the work they, my critics chose. My paper is based on the their choice, not mine.

Since this is the only translation available to ninety-nine percent of the licensed acupuncturists in the Occident who do not know ancient Chinese, it is also well worth pointing out its defects and dangers.

What follows is a issue-by-issue response to the rebuttal, and a conclusion.

REBUTTAL

I wanted to make a few comments on some of Leon Hammer's statements in his article ("Tradition and Revision"). I'd love to see him publish a memoir of his years studying and practicing with John Shen, one of our modern 'legends' in Chinese medicine. It would make a great tale; the Lower East Side meets Chinatown, New York, motzo ball soup meets dim sum. This was truly a historic meeting of minds and culture. I've spent some time browsing through his "Chinese Pulse Diagnosis/A Contemporary Approach" recently, and have enjoyed the material related to Dr. Shen's and Dr. Hammer's clinical experiences.

DR. HAMMER'S RESPONSE

When I first met Dr. Shen he showed a great interest in what we identify as Jewish ethnic food, especially pastrami and corned beef. Unfortunately he was not exposed to the best examples of this great food tradition. During one of our first meals together he ordered chicken in a Chinese restaurant and after one bite he exclaimed, "not chicken". Subsequently he observed, "in this country everything looks good on the outside and is terrible on the inside; in China everything looks terrible on the outside but is good on the inside". With regard to food, he always seemed to know the shifting winds of Chinese chefs and his loyalty to restaurants shifted with their location. After our agreement to teach me in exchange for a favor he took me to a restaurant in Boston to eat with some of his colleagues where he announced to me, "you may not learn anything but you will eat well".

REBUTTAL

The article, however, disappoints me in many ways. There seems to be a misconception about the classical texts and Chinese medicine that is based solely on Dr. Hammer's personal opinions.

- 1) "Man has not changed, but the forces that impinge on him have enormously, and the signs which had particular meanings at one time in history are no longer the

same. The Tight pulse (jin mai) is no longer a sign of internal cold, in our time it is a sign of an overworking nervous system”.

Chinese medicine has always been a discipline that responds to present conditions and affairs. There is a historical continuity up to the modern era, with commentaries on the classical texts, including pulse work, throughout. Nearly all of this material is in Chinese, and Dr. Hammer bases his conclusions on the miniscule English language literature on pulse, some of which is inaccurate and/or poorly translated.

DR. HAMMER'S RESPONSE

In fact, the chief editor of the book 'Chinese Pulse Diagnosis: A Contemporary Approach' is one of the world's accepted Chinese Scholars in the ancient as well as modern Chinese language, well grounded in the classics. He carefully scanned this book at least four times for areas the "historical continuity up to the modern era", challenged me on every questionable assertion and published this book only when he was satisfied with my answers.

What I have written is not, as implied, outside of the purview of tradition, or is it true that "Dr. Hammer bases his conclusions on the miniscule English language literature on pulse, some of which is inaccurate and/or poorly translated." My "conclusions" were printed in the context of considerable classical review.

The rebuttal has resorted to a familiar line of criticism by those who claim Chinese language skills against those who do not have these skills. It is essentially a way of undercutting the value of the work by undermining the credibility of the latter's assertions through less than subtle inference rather than through the trial that has characterized the evolution of the medicine.

REBUTTAL

While his clinical opinion can be appreciated, one man's perception cannot replace two millennia of observation. I don't know why Dr. Hammer thinks that a jin mai/tight pulse is no longer a sign of internal cold, or if and when it ceased to be so.

Or, how was it decided that 'an overworking nervous system' causes a tight pulse? When we use this type of definition, a biomedical one, we must ask, what part of the nervous system? What causes the nervous system to overwork? How do we fit this information into the body of Chinese diagnosis effectively? How many other practitioners feel the same thing? How do we confirm this observation?

DR. HAMMER'S RESPONSE

My assertion that the Tight quality in our time is largely a sign of Yin deficiency due to a losing attempt to balance the excess heat caused by an overactive mind is based on Dr. Shen's observations over the course of his 70 years in this field, my own observations for over 27 years and observations of those who have followed me for the past 19 years.

Who could disagree that in our time we are dominated by the use of our cerebral cortex [brain] in the drive for education that lasts often a lifetime and for success in a society increasingly dominated by the accumulation of knowledge.

Who can deny that compared with the past, when the majority of the population was rural, worked in the outdoors and was illiterate, that increasingly with the advent of the industrial and communication revolutions, we are USING OUR MINDS far more than we are exposed to COLD, from which we are mostly protected by central heat and insulated houses and clothing.

Our brain [essence] is universally considered part of the central nervous system. It is also universally understood that the central nervous system controls the peripheral nervous system that has immediate control of the musculature. Any use of the cerebral cortex beyond its `energy' or `essence' will affect the rest of the brain, the organs, the channels and muscles, ligaments and tendons. [The subject of what is meant the `nervous system is far more extensively discussed in Dragon Rises-Bird Flies on pages xxiv and in Chapter 14, The Systems Model of Dr. Shen [P. 311].

[I should add that I do mention other causes of the Tight quality including COLD as the following quote from `Chinese Pulse Diagnosis: A Contemporary Approach' [P. 339] will corroborate; "the Tight quality can appear with pain due to stagnation of qi, blood, fluids, COLD, or food. Examples are qi stagnation from invading cold in the muscles, or with qi and blood stagnation due to trauma. The pain tends to make the pulse a little more Rapid at first, while the COLD, for example, tends to slow the pulse.....

If the Tightness is a sign of inflammation and infection (fire poison), the position which is most Tight is the location of the organ or area where the infection originated or currently most active..... In some positions, such as the Small and Large intestines, the Tight quality can also represent bowel irritability as well as discomfort."]

REBUTTAL

How do we confirm this observation?

DR. HAMMER'S RESPONSE

Referring again to `Chinese Pulse Diagnosis: A Contemporary Approach' [P. xviii] I say that "It is important that every assertion in this book be tested by as many practitioners as possible so that the information becomes more refined and encompassing of the world in which we live and function." I mean just that.

REBUTTAL

Having read parts of Dr. Hammer's book, I have confirmed for myself some of his observations on such phenomena as the *se mai*/scattered pulse, and its relationship to

the use of strong medications (such as steroids). But these observations should be presented as clinical observations to the profession, or for peer review, not as a certain quantity as part of a textbook.

ANSWER

I am somewhat confused by the comment that "these observations should be presented as clinical observations to the profession for peer review, not as certain quantity as part of a textbook". Peer review of my clinical observations is exactly what is now taking place in many places.

I have been criticized in other quarters for not being more dogmatic in my interpretations of the qualities. There is nothing immutable in the book, nothing that I have ever written on any subject that is not subject to revision when demonstrated as being erroneous.

The dictionary on my computer defines a `textbook as "a book that treats a subject comprehensively and is used by students as a basis for study". From the beginning to the end of `Chinese Pulse Diagnosis: A Contemporary Approach' I have described the book as a `textbook' for my students, and never as a `textbook' in the sense of representing the consensus of the profession. That is why `Chinese Pulse Diagnosis' is qualified by `A contemporary Approach'. It would give me great pleasure and gratification were my peers to take the energy used to find fault and use it to test this information and add to our knowledge of this subject.

REBUTTAL

Why should we automatically discard two thousand years of discourse on pulse diagnosis for one man's opinion, when he doesn't have access to that literature? No matter how noble one practitioner could be (Dr. Shen) as a source for legitimacy, Dr. Shen's single line of transmission must bow before the stream of Chinese medical literature that has accumulated, and be considered accordingly.

DR. HAMMER'S RESPONSE

I am not asking anyone to "automatically discard two thousand years of discourse on pulse diagnosis for one man's opinion", a man who Dr. Rosenberg earlier describes as "one of our modern 'legends' in Chinese medicine", who incidentally was Chinese and did read the classics. Based on his knowledge of the classics he was in a better position than most to judge their value.

In my article I state categorically "My position on the classics is that they should be carefully studied. I have never discouraged anyone from this course." What I have added is "This example emphasizes the need for the classics to be studied with a critical eye, tested clinically as well as logically and not be used without great discretion."

REBUTTAL

- 2) “There are two ancient paths in Chinese medicine. One involved the **abstract and highly theoretical court medicine** that spawned the books that come down to us as the classics. These have **never reflected the second, the common practice of the time, which was based on experience and that could not be recorded for posterity. . .**”

First question: which texts does Leon consider to be “Classics”? Which texts shall we limit this category to? Many of the texts that are considered classics, such as the Nan Jing, Nei Jing and Shang Han Lun, have commentaries and extrapolative texts that have a decidedly clinical bent. A large percentage of the material in these texts are clinical applications. The Shang Han Lun and Jin Gui Yao Lue are both clinical manuals. I don’t experience this bifurcation that Leon claims to be at the heart of Chinese medicine. The practice of Chinese medicine has always been based on the unity of clinical practice and philosophy. To the degree that we reject the underlying philosophy of Chinese medicine, is the degree that we fill that gap with our own cultural biases.

As Bob Felt puts it, “Consider, for example, the distinction between the so called theoretical and clinical divisions of CM knowledge. It is easy to justify this distinction by analysis. That is, some clinical observations can be seen to have direct linear relationships to clinical actions and others do not. However, since human perception - certainly not excluding the naked sense perceptions of Chinese medicine – are conditioned by unquestioned assumptions of reality, the theoretical - clinical distinction tacitly admits a superiority for analytic view.

By describing clinical relevance by its logical proximity to the context of the therapeutic decision, we are confirming our own lay view of time and space. How could such a distinction exist without the assumption that the force of a relationship declines in direct proportion to its distance from a physical manifestation? In Chinese philosophy that distance is illusory and to ‘treat the root’ we must necessarily look upstream in time and space.

What I understand from this is that the way in which we interpret clinical data is as important as what we observe and experience. Since all of us have points of view and frames of reference, it is very important to educate that frame of reference by continual study and reflection. Since we are practitioners of Chinese medicine, we need to study our medical literature, which contain the roots of our clinical reality perspective.

DR. HAMMER'S RESPONSE

Once again, I have no argument with "we need to study our medical literature". I do whenever available. [I have read Unschuld's Nan Jing] This is a separate issue from the question of their validity.

Throughout the Nan Jing [UNSHULD'S version] there is criticism of the imposition of theory on practice. A classic example of this is the discussion of the imposition of the Five Element System on the configuration of the pulse.

Peter ECKMAN reviews some of this in his book ‘In the Footsteps of the Yellow Emperor’ in which he also discusses the "split between the scholar physicians and the

familial practitioners" [P. 80-81], in which he also quotes Needham with the `view that the establishment of phase energetics in acupuncture represented the unfortunate triumph of abstract theory over clinical practice' [P. 80].

It is a fact that every clan and village in the largely rural China [80% of people still live in the countryside] developed a closely guarded body of knowledge and practice, perhaps thousands or even millions of lineages, over the two to three millennia, independent of and not dependant the classical literature. A few of these have appeared in the past thirty years, as for example, Dr. So's methods which I have personally observed as being outside of the classics, Merriam Lee's `Dr. Wang's Acupuncture', Hand and Foot [Dr. Luo], Through and Through, and all of the micro systems including ear, nose, hand and foot acupuncture, a variety of scalp acupunctures, and many more that are emerging since a market for them has appeared. The same is happening with the herbs. In the next decade many more will appear for the same reason that are unrelated to the classics.

There are entire successfully executed acupuncture systems that I have encountered barely recognizable by the current `traditional' systems. [Sidney Zerinsky (Hari Jot), former director of the Swedish Massage Institute, for example who learned from a chef herbalist in Chinatown].

Of course, the classics were based on clinical experience and debated in these terms, but by the relatively few who were approved for posterity by the Emperor and his court physicians. Wang was the Emperor's personal physician. Remember the book burnings in the Han era. What has come down to us was critically censored.

Chinese medicine and pulse diagnosis has never belonged to the Chinese alone and all new ideas do not need be reconciled with a culture known through history to resist change and new ideas. His fellow physicians assassinated Li Shi Zhen because he criticized them for not using the extra-meridians and according to Peter ECKMAN, Hua-Tuo had his head cut off on orders from the Emperor, and Bian que " was unfortunately assassinated on orders from the medical bureaucracy"[P. 56].

REBUTTAL

- 3) "It is interesting that this distinction between practice and theory existed at every level of Chinese society."

In this paragraph, Leon tries to give a historical argument for this point, quoting Joseph Campbell, and a decidedly eccentric interpretation of Legal Pragmatism and its influence on Chinese history.

DR. HAMMER'S RESPONSE

Paul UNSCHULD has separately corroborated Campbell in his book *Medicine in China* [P. 32,61, 63, 100, 108 and 254. Quoting from P. 31-33, he says "The ultimate objective was the complete destruction of the enemy, a goal that in earlier times would have been impossible, only because the common reverence for ancestors and the resulting

acknowledged necessity for the continued existence of the family. Ransom was no longer demanded for the exchange of prisoners- their execution now secured the desired prestige. `The battlefield is no longer a tournament that brings honor to the participants. All that matters is success, which appears to be the result of magical skills, and not the solemn sacrifice of religious merit. The ethics of power gradually displace the old morality of honor and moderation'. All efforts by the LEGALISTS in Ch'in [as this school is called] were directed toward achieving economic wealth and military power for the state." Again on P. 33: "PRAGMATISM characterized the first decades of the Han rule, as the early rulers were not guided by a specific political or social principle".

UNSCHULD, on P. 254, shows how the communists embraced the LEGALISTS as their lineage as follows: "the entire development of healing was viewed [by the `extreme leftist Shanghai faction'] in the context of what was now propagated as a central aspect of imperial Chinese history, namely the purported struggle between the [evil] Confucians and the [good] LEGALISTS. The latter is was now proclaimed, had continually striven for a "progressive materialism" medicine, while the former, because of social interests had always endeavored to suppress such efforts."

NEEDHAM, in his book Science and Civilization in China, Volume 2, gives thirty-one references to the LEGALISTS.

According to these highly esteemed references they all agree with Campbell and refute the rebuttal's assertion that Campbell offered a "decidedly eccentric interpretation of Legal Pragmatism and its influence on Chinese history", which I had used to support my view that there has always been a significant dichotomy between the theory [Daoism, Buddhism] and the daily practice of Chinese society as there was between the court sponsored Classical medicine and the pragmatic medicine of the people.

REBUTTAL

He then concludes that Chinese medical lineages were for the most part guided by experience, not literature. This view is highly simplistic, and draws conclusions on a highly complex subject that ignores the survival of many thousands of medical texts into the modern era. China was a highly literate society, and the clinical records of many physicians are part of this canon.

DR. HAMMER'S RESPONSE

Considering the millions of Chinese medical practitioners who treated the multitude throughout the millennia and the possibly few thousand 'clinical records" to which the rebuttal refers, the largest number by far did not keep records. In fact even today there is a great reluctance among the Chinese to record their work, in the ubiquitous fear that someone will steal it. I encounter this now frequently. As Dr. Shen once confided and others have confirmed, "Chinese teach only forty to sixty percent."

The Chinese medical classics along with the rest of the burgeoning Chinese court bureaucracy were managed as divinely inspired sacred imperial property by court eunuchs. These eunuchs, who ruled China until the 20th century, represent the single most reactionary conformist force in history. As a group they saw change as a threat to their power. The continuity of their existence was invested in a static society. And they killed to keep it. Some of the victims have already been mentioned in this response.

This world of the eunuchs, and the written court tradition, with all of its commentary, was perpetuated without change has had a minor impact on the actual practice of medicine in China compared to the manifold verbal lineages. Though known to practitioners of the clan lineages, throughout the centuries the eunuchs unalterable texts have been largely the preoccupation of scholars and academia.

Each generation produces its own orthodoxy. These are not the translators of the classics, but those who are fanatically invested in preserving them, as were the eunuchs of old. And they are still willing to kill, if not literally, then by character assassination.

REBUTTAL

- 4) “Instead of (these) worthy scholars, I find a new breed (of teachers) without such credentials claiming similar status who instead lack purpose, training, experience and maturity. Many people see an opportunity in the newly conceived PhD programs concentrating on the classics an occasion to make a name for themselves in the TCM world without the qualifications of sincere purpose and years of hard training.”

While I understand why Leon doesn't mention names here, I have a hard time understanding what he is talking about. I will start my comments with two quotes from the Talmud: a) “It is your task to begin, not to finish” and b) “If you know Aleph, teach Aleph”. I am presently involved in the development of a doctorate program for Pacific College of Oriental Medicine with a “classical Chinese medicine” track, based largely on studies from classical texts such as the Nan Jing, Shang Han Lun, and Wen Bing Xue/Warm Disease Theory. While it is difficult to find individuals who have mastered the subject of the classics, it doesn't mean that we shouldn't make these resources available to students and encourage research on the subject. Otherwise, the profession cannot move ahead. We are also offering medical Chinese classes in our doctorate, so that our students can have greater access to the literature than the few reliable translations. Doing so doesn't proclaim any authority figures, and studying these texts doesn't make one an ‘authority’. However, it does make one's knowledge base and practice more ‘authoritative’.

DR. HAMMER'S RESPONSE

Once again, I have no argument against setting up programs in the classics. However, based on my experience that I have documented in my paper with very smooth sophisticated purveyors of this material, from the translation of their own choosing, their work is very flawed and requires endless vigilance.

Also and separately, I might use the rebuttal's same thesis to refute his rejection of my work, that essentially one must start somewhere, even if it is not perfect.

REBUTTAL

4) How is Dr. Hammer able to critique the Mai Jing/Pulse Classic from a relatively difficult English translation without commentary? And to use other English translations to make his case, with no referral to Chinese characters, not even pinyin, makes no sense at all. There is a body of literature, i.e. commentaries on the classics such as the Nan Jing, Nei Jing and Mai Jing, that has not been accessed or translated by any English speaking writer (except Paul Unschuld), and certainly Dr. Hammer has not done so. Therefore, his argument is crippled by a lack of consideration of 1800 or so years of debate on just these points. It is as if he walked in on a party in the last five minutes of fatigue and decided that nothing had happened worth mentioning. The pulse literature, including the Mai Jing, Bin Hu Mai Xue, Nan Jing, and Zhang Zhong Jing, has been constantly debated, refined, and applied in the clinic for millennia. For example, see the bibliographies for Paul Unschuld's Nan Jing, or upcoming Nei Jing Su Wen project, which accesses thousands of texts and articles. In addition, there is the huge body of *yi an*/clinical case study literature, little of any which has been translated. We shouldn't conclude that there has been no development or adaptation of the classical material just because we haven't read it in Chinese. The jury is still out.

Who are these 'modern neo-classicists' who Leon is talking about? What are they teaching that he is so critical of? What makes him an authority to criticize the Mai Jing from a relatively difficult English translation without commentary?

RESPONSE

My paper was based on work referenced by the neo-classicists to support their theories. They were the ones who brought it to my attention, not I to them. They were using the Classics to attack my work. **IT IS THE CLASSIC LITERATURE TO WHICH THEY WERE REFERRING, NOT TO MY CHOICE OF CLASSIC MATERIAL**, that I examined and found not only distorted by them, but dangerously so.

Instead of a litany of Classics, why doesn't the rebuttal use some or one of them to refute the basic theme of the work he is criticizing. He has only attacked my credibility, not the content of my principle theme, which I have summed up as:

"The Danger

To treat for blood stagnation especially with herbs when there are no other concrete signs other than qualities that inform us only of possible etiologies, contradicts the basic precepts of Chinese medicine.

Most important to this discussion is the following. When and if we treat using Wang's and some neo-classicists identical list of qualities as if they are signs of blood stagnation with herbs that move the blood, when there is no serious clinical sign or symptom of blood stasis, we may do the patient irreparable harm."

The rebuttal has not mentioned the lengthy discussion of how I reached these conclusions including my thesis on blood stagnation.

Instead it repeatedly questions my right to make this examination by saying " this is not a job for one person to accomplish. Leon doesn't have the Chinese language skills or access to the Chinese medical literature to do an adequate survey. I don't think his 'oral tradition' argument is solid, or can be argued without references to do so. His reliance on one teacher, Dr. John Shen, no matter how illustrious his work may have been, can not be used as a counter-argument to 2000 years of Chinese medical literature."

I have already replied above to these allusions to my inadequacy. My paper does not counter, "2000 years of Chinese medical literature." I only question its validity based on that literature on which the neo-classicists base their attack on my work and on the frequent assertion of Dr. Shen who demonstrated the 'book wrong', books that were written by men, not Gods, men who make the mistakes that are the subject of my paper.

Those mistakes are in black and white, and if the rebuttal has a better translation that corrects these errors, I will be the first to say 'thank you'. And who are these neo-classicists? They are people currently doing elsewhere exactly what Dr. Rosenberg is doing in San Diego. No one questions their right to do so, only the privilege that because they are ancient they must be true and therefore immune from critical review and clinical trial.

The fact remains, as I said at the beginning of this response, since this is the only translation available to ninety-nine percent of the licensed acupuncturists in the Occident who do not read ancient Chinese, it is also well worth pointing out its defects and dangers.

CONCLUSION

God gave us each a separate task. We are expected to respect our assignment and to respect that of others. What is true will endure. What is false will pass.

While many have illuminated the past, some of us are destined to take the medicine into the future. Who would consciously choose an innovative role in the history of any medicine, an always dangerous and even deadly occupation.

The world changes and its impact on living things change with it. In each age we must find new ways to evaluate that impact. Each culture must find new ways to integrate the past and the present, other cultures and our own. This is the challenge today in the West.

I advise my students to cling to the roots of their profession, but always remember that roots grow along with the tree they nourish. The truth is not frozen in antiquity, at the borders of the People's Republic of China, or in any dogma, recent or ancient. Larre and

de Rochat quoting the Lingsu: "Continuity with change" characterizes the movement of life. [Rooted in Spirit P. 43]

Nor should they be intimidated from questioning the orthodoxy which is NOW IN THE PROCESS OF ESTABLISHING AN ELITE OF CHINESE SCHOLARS WHO ARE CLAIMING THAT ONLY THOSE WHO READ ANCIENT CHINESE ARE PRIVILEGED TO RAISE QUESTIONS AND TO CREATE NEW WORK.

Such an elite is a danger to free thought and to the development of the medicine, since the work of anyone not included in this exclusive club is dismissed as invalid. I have known writers in this field who tremble to publish if what they are saying, after exhaustive exploration, cannot be clearly connected to some comment in the classics.

What the rebuttal has not addressed at all is the central theme of my paper, that Wang, the most celebrated and imitated pulse diagnostician of all time, according to their chosen translation, made a grievous error being perpetuated by modern neo-classicists. No evidence has been presented to show that the material from the translation of the Mei Jing in question is specifically in error.

The rebuttal's response to my paper appears more the work of a clever lawyer in attacking the credibility of a witness, not the work of a scholar examining the content of the central theme, the discussion of blood stagnation and the Choppy quality, which I would welcome from one with Dr. Rosenberg's excellent reputation.

Leon I. Hammer, M.D.

