

1

Orientations 1: The Problem, the Setting, and the Approach

it is the substance, not the form, of structure which preoccupies experience. Every procedure, after all, is imperiled by our consciousness of it . . .

George Park, *The Idea of Social Structure*
(New York: Anchor Books, 1974), pp. 291—292.

PROLOGUE: A PHENOMENOLOGICAL FRAGMENT

In Taipei's old Lung-Shan district, which dates back to the Ch'ing Dynasty, there are several busy streets surrounding the spacious and ornate Lung Shan Temple that contain a remarkably large number of shops belonging to many different kinds of medical practitioners. These frequently stand next to each other. In one place, directly across from the high wall enclosing the temple, there are seven in a row. Within this conspicuously "medical" neighborhood, one sees: (1) the clinics of several Western-style and Chinese-style doctors, each of which bears a sign outside listing the kinds of medical problems the practitioner specializes in; (2) the offices of bone-setters, which display with somewhat mock ferocity the emblems of this ancient healing specialty—a large curved tin knife blade mounted on a pole and a mask with horrible features painted a hideous green and red; (3) several tiny shops run by specialists in the treatment of eye disorders, who are neither licensed to practice Western nor Chinese medicine, but whose

antiquated and dirty equipment looks more like what might be found in much better condition in the offices of the former rather than in those of the latter; (4) several dental offices; (5) a number of pharmacies, some selling Chinese prescription medicines, others selling Western prescription medicines, and some selling patent medicines of both types; (6) the shop of a fortune-teller, who is also a geomancer, where people frequently come with questions about their illnesses or the fate of their health; and (7) numerous stores selling religious paraphernalia, where one can buy amulets to protect the health of a child or a pregnant mother. In those stores one also can purchase small carved wooden statues of various Buddhist and Taoist deities, several of whom are renowned for their healing powers, including Pao-sheng-ta-ti, the god of healers. Much of the incense and spirit money sold by these stores will be burned in religious ceremonies devoted to healing. Some of these stores also sell cheap paperback almanacs, which contain a considerable amount of information on how to prevent and treat illness in the metaphors of traditional Chinese beliefs about fate, the influence of macrocosmic forces on the microcosm of the family and the individual, and ancestor worship.

Also found in the neighborhood are tea shops that sell, besides the more common and popular teas, other teas famous for their medicinal qualities, such as "white tea" and "one hundred herbs tea." These are ingested to lower the internal hot energy or "fire" (*huo ch'i*),¹ believed to be "rising" and too "big" in certain kinds of illnesses coded into traditional Chinese medical theory and used as a popular term by patients and lay people generally to refer to a characteristic constellation of symptoms. Nearby, several street vendors sell coconuts, the juice of which is popularly reputed to have the same therapeutic effect. On these streets there are also the offices of for-

1. Chinese (the official language of Taiwan, where it is called *kuo-yü*, and the People's Republic of China, where it is called *p'u-t'ung-hua*) words are italicized. They are romanized in the Wade-Giles system. Hokkien words are romanized in the method of Douglas (1873) and Barclay (1923). Cantonese words are romanized following Meyer and Wempe (1947). Both Hokkien and Cantonese terms are underlined as well as italicized to distinguish them from Chinese terms. The words Mandarin, Peking dialect, and Chinese are used interchangeably.

tune-tellers, physiognomists, and geomancers, all of whom advertise their skills in various matters, including health problems. Not far away is a fairly large charity hospital. Directly across the street from the hospital is a traditional Chinese pharmacy, but built in an ultramodern style that makes the Japanese colonial hospital architecture seem terribly old-fashioned. Some patients walk straight from the laboratories and specialty clinics at the hospital across the street to consult two middle-aged Chinese-style doctors, who see large numbers of patients at their desks at the back of the pharmacy, from where they can look almost directly across into the offices of their Western-style medical "colleagues" at the hospital. Although they share many patients, the practitioners in these two very different health care facilities have neither formal nor informal relations with each other.²

Outside, on the crowded and noisy streets, hawkers of foods and drinks invoke the reputed medicinal properties of their wares. Several blocks away, gaunt figures with shaved heads, their fingers wrapped tightly around the bars of their windows, stare out mutely, occasionally with silly smiles, at the active street scene below. They are crowded into the second story of a building that appears no different from those occupied by commercial enterprises on either side of it, but that has a small sign over the entrance announcing it is a private mental hospital.

In the spacious Lung Shan Temple itself, about half of the people who come to pray and who use the divination blocks to ask the temple's gods questions, ask about health-related problems, usually their own illnesses or those of family members. Inside the central temple building an old man sits at one of the counters to the side of the main entrance interpreting

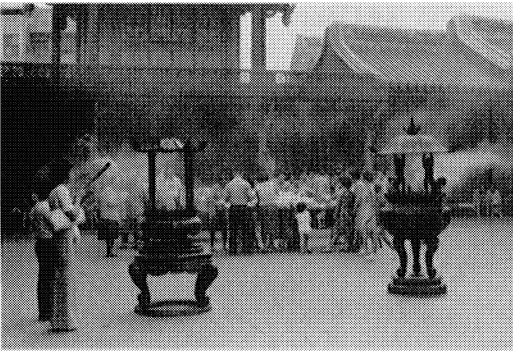
2. By August 1978, three years after I recorded this Taipei street scene, the modern Chinese pharmacy had moved, replaced by an impressive new building for the charity hospital: a modernistic glass and steel high-rise. The old hospital building was unoccupied. This change gave a predictably Western twist to the irony of medical modernization that I described. The symbolic modernization of the traditional Chinese medicine facility had been superseded by the very substantial modernization of the Western medical institution; the largely symbolic integration of these very separate professional therapeutic institutions owing to their propinquity and patient utilization had been cancelled because of the bureaucratic and politicoeconomic "interests" which evicted the pharmacy and built the new hospital.

ch'ien, or fortune papers, which people bring to him after they have obtained these from another counter where they are divided into two groups: those concerned with health questions and those concerned with all other questions. Some of the interpretations given by this *ch'ien* interpreter come directly from his much-thumbed-through book, used for analyzing the vague fragments of archaic poetry that are printed on the *ch'ien* paper. Other interpretations are remarkable for their psychological sophistication as well as for the striking fact that they bear little if any relation to what really is written on the *ch'ien* paper. The characters at the bottom of the *ch'ien* paper advise the sick person to go for treatment to the traditional Chinese pharmacy across from the charity hospital.

At certain hours, in other sections of the temple, one sees old and young women with infants strapped to their backs who have come to have a special healing ceremony performed that involves "calling back the soul" of the infants for a culturally defined disorder called "fright" by their mothers and grandmothers. "Fright" (*ching*, or "catch fright," *shou ching*) seems to include a variety of disorders. Pediatricians would classify them as measles, other childhood exanthems, symptoms caused by upper respiratory or gastrointestinal diseases, colic, and unexplained crying and irritability. Small red packets, (*hü-á*) are attached to strings around the necks of some of the infants. Inside these packets are charms to ward off illnesses and protect health. These same infants may have been given injections of antibiotics by Western-style doctors or pharmacists within the past hour.

To one side of this temple is a narrow alley containing ten tiny shops, eight of which specialize in selling local herbs. For the most part their owners are illiterate or just barely literate. They not only sell herbs, but also advise clients about which herbs to buy for specific symptoms or for particular illnesses. The herbs are all from Taiwan, mostly from mountainous rural areas surrounding the sprawling conurbation of Taipei. The herbs sold in the shops of the herbalists living in this alley do not resemble those sold in traditional Chinese pharmacies any more than do the herbalists' shops and the herbalists themselves resemble Chinese-style pharmacies and doctors. Most prescriptions prepared for patients in Chinese pharmacies are

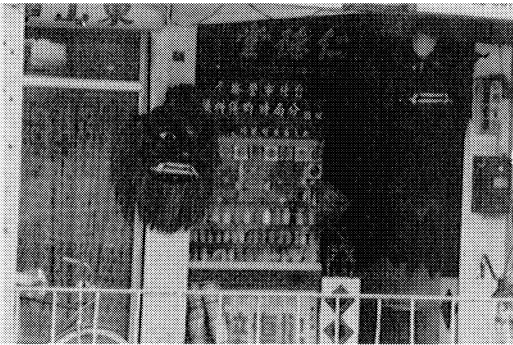
Indigenous Treatment Settings



Offering prayers at a temple



Office of an unlicensed, "traditional" specialist in eye, skin and dental diseases



Bone-setter's clinic



Herbalists' stalls

mixtures compounded from many herbs (and sometimes containing animal and mineral substances) finely chopped or ground up and wrapped together into bulky paper packages. (Surprisingly, most still come from the China mainland.) In contrast, the herbalists' shops sell herbs as crude bundles of individual grasses, roots, or flowers (fresh or dried). The Chinese pharmacies tend to be much larger and more impressive than the herbalists' stores and are often richly decorated in traditional Chinese taste, containing, for example, beautifully designed wooden shelves with antique porcelain pots and rows of narrow drawers that hold the prepared herbs and other medicinal agents. Also found in these pharmacies are deer antlers, rhinoceros horns, dried lizards, pickled snakes, and sometimes barrels of aromatic herbs that strongly scent the air. At the back of the pharmacies, framed licenses of pharmacists and, frequently, of Chinese-style doctors hang on the walls, along with old scrolls and mounted calligraphy containing moral exhortations and testimonials from patients. Classical Chinese medical texts and other books often surround the Chinese-style doctor's desk, giving his office a scholarly appearance that contrasts sharply with the green-grocer ethos of the herbalists' shops. Yet people on the street will tell you that both kinds of practitioners' stores contain knowledge of "secret prescriptions" (*mi-fang*) essential for curing; many people are unable to explain what difference there is (besides cost) between the herbalist's herbs (*ts'ao-yao*) and the Chinese-style doctor's medicines (*chung-yao*).

Most Chinese pharmacies in this area tend to look like the picture I have sketched, but a few, like the one across from the hospital, are very modern in appearance, and at times are indistinguishable from Western-style pharmacies, except for the obvious differences in appearance of the medicines. Even that difference may be diminished by those Chinese-style pharmacies that prepare traditional Chinese medicine as powders or pills. Some pharmacies are quite literally split in half, with one side selling Chinese medicine and the other, Western medicine.

Across a market street from the alley of herbalists is a small temple, part of the local folk religion in which Taoist and Buddhist elements are syncretized. In that temple, on certain

special occasions, a *tao-shih* (Taoist priest) conducts ceremonies for clients—most of whom come with problems that a Western medical observer would categorize as medical and psychiatric—to drive away ghosts and evil spirits or to placate gods held responsible for causing these problems. On other occasions, usually in the evenings, a shaman (*t'ang-ki*) performs. Again, a substantial portion of his practice is made up of problems of a medical or psychiatric (or crisis intervention) character.

Out on the market street itself, one hears people trying to decide whether to buy a particular tonic to prevent or treat illness or special foods popularly alleged to be effective for certain kinds of disorders or ordinary foods according to whether they are culturally classified as “hot” or “cold” in the widely understood system of symbolic polarities. The last are used to treat putative imbalances of the hot and cold constituents of the body and similarly classified diseases. Other people in the same market street are purchasing vitamins, Western patent medicines, and foods they regard as possessing high nutrient value, again out of the same concern with their health status or because of specific symptoms they are experiencing. Indeed, the same individuals may do all of these things.

Some persons are asking other lay people (family and friends) for advice about their health problems. In return, they are receiving information about family prescriptions said to have been confirmed in actual experience as effective for the disorders they suffer from. Besides learning about specific family remedies, they are hearing about individual experiences with similar health problems. They hear the names used to label health problems, some of which have direct equivalents in English, while others are indigenous cultural categories that frequently do not possess lexical or even semantic equivalents in English or other languages. These individuals also hear the concrete details of how patients and families decided on a particular sickness label, which treatments were applied by them, how they chose a practitioner, what happened to them under that healer's care, and, if they were not cured, what decisions were made about recourse to other practitioners and other types of available health care. Included in these descriptions are the names of the medicines (Western or Chinese) held to have been effective and their cost. Certain people giving advice

are listened to with special attention, because they are either family members, friends, or neighbors (usually old or middle-aged women) who are commonly believed to possess much knowledge about illness and treatment generally or who have had experience with the same problem affecting the listener.

Here we have a brief but graphic illustration of patients and healers in the context of culture. The argument presented in this book is that to understand patients and healers we must study them in particular cultural environments and then make cross-cultural comparisons to seek generalizations about these fundamental human experiences. In the example described here, the culture is, of course, a variant of Chinese culture in an urban setting in contemporary Taiwan. If, instead of Taipei, I had described from the same perspective a section of Boston, Bogota, Benares, or Benin, the description in each case would have been quite different. In each it would picture a distinct culture as well as a distinct assortment of health care practices and practitioners. In each city, the patients differ in the ways they think about, experience, and respond to their illnesses. They have differing institutions, patterns of institutional activities, and individual behaviors related to health and health care. Even if our descriptions were limited to Chinese cultures, they would be somewhat dissimilar, since health-related beliefs, behaviors, and institutions are not uniform in Taiwan, Hong Kong, Singapore, and overseas Chinese communities elsewhere in Asia and in the West. Obviously the dissimilarity would be greater if we added Peking to this comparison; it would be much less, though still significant, if we limited our sample to other (say, rural) areas of Taiwan.³

Regardless of which society we chose to examine, we would always find people we could identify (and more importantly, whom the local population would identify) as healers and patients. Despite the patent dissimilarities, we also would find some similarities (universals), not only in regard to these special social roles, but also with respect to how illness is construed and experienced and how treatment is selected and organized. Even where the specific content of health-related

3. Some descriptions of health care in the various Chinese settings mentioned in this paragraph have in fact been made; for several such descriptions, see relevant chapters in Kleinman et al. (1976) and in Leslie (1976b).

beliefs, behaviors, and institutions was strikingly unlike, their structural properties would reveal some surprising commonalities. This is so because we are dealing with a fundamental part of the social world, a part that belongs to every community and that is therefore important to compare cross culturally.

But how are we to understand these issues in the case of the particular illustration we have drawn from Chinese culture? How do we make sense of the large differences and equally impressive similarities that arise whenever we compare medical and psychiatric dimensions of different societies? Do these strange sights, which have been so hastily sketched, belong together, or are we lumping together things that should be kept separate? What significance do these concerns hold for studying patients and healers? And what can we learn from such a study that might contribute to a better understanding of sickness and healing in society and that might also have practical implications for clinical care?

The chief problem posed by the Taipei street scene is whether there is any means for moving beyond simple description toward an interpretation of this social reality. The introductory chapters that follow will set out what I take to be the best method for analyzing this cultural medical landscape. In order to fathom what is going on in the congested streets of this old section of Taipei or in analogous settings in other societies, we must work with some theoretical framework. After constructing such a conceptual apparatus, I focus on three interrelated subjects that constitute the core of this study: illness experiences, practitioner-patient transactions, and the healing process. For each I will present examples from Taiwan, compare them with related materials from other cultures, and, then, by relating these examples and comparisons to the theoretical framework, attempt to determine what is specific to the clinical domain in Chinese culture and what can be generalized as universal clinical processes. I will then examine two related questions: how culture affects core clinical activities and in what ways they constrain the cultural patterning of health care.

After setting out the theoretical constructs, I will return to the vivid scene of our cross-sectional slice through health care in Chinese culture and move from its surface details to its inner workings. The logic of that movement will take us from cultural

beliefs and norms about sickness to the structural characteristics of lay health care-seeking and therapeutic relationships, from macro-analysis of the social organization of health care to micro-analysis of specific instances of sickness and healing. All will be examined through the lens of the theoretical constructs I discuss in the introductory chapters.

THE TAIWAN SETTING

Before discussing the theoretical framework, however, I shall draw a skeletal outline of Taiwan and of my research there to give the reader a sense of the context from which I have drawn much of my material, along with some understanding of how that material was obtained.

Taiwan is an island roughly 130 kilometers off the China mainland, across from the province of Fukien. It has been settled by Chinese in substantial numbers since the Ming Dynasty, mostly by people from Fukien, who speak the Hokkien dialect, and by the Hakka, who came via Kwangtung and speak the Hakka dialect. The island, which is almost 400 kilometers long and 144 kilometers broad at the widest point, has an area of 35,961 square kilometers (only one-third of which is arable), which would make it the smallest province of China. It is regarded as part of China by both the Nationalist Government, which has ruled it since its restoration from Japan in 1945 as the Republic of China, and the People's Republic of China, which claims it. There is an independence movement run from outside the country, with an unknown (but possibly large) amount of support inside Taiwan, that would like to see it become an independent nation. From 1895 to 1945 Taiwan was controlled by the Japanese, and Japanese culture has left its imprint on the population. Many people in Taiwan still maintain close relations with people and activities inside Japan.

In 1975 the island had a population of 16 million: 14 million Hokkien and Hakka speakers, referred to as Taiwanese, and almost 2 million mainlanders, most of whom came to Taiwan from the China mainland in the late 1940s with the retreat of the Nationalist Government. There are also a few hundred thousand aborigines, the original inhabitants of the island, most of whom now live in mountainous areas and are related ethnically and linguistically to Polynesians. The urban areas of Taiwan are among the most densely populated in the world.

The capital city, Taipei, which had a population of one million when I first resided in Taiwan in 1969–1970, now has a population of two million and is a sprawling, heavily industrialized, pollution-plagued, modern Asian city.

By all indices Taiwan is a rapidly industrializing developing society with a modern economy extensively engaged in foreign trade, principally with Japan and the United States. Four-fifths of the people over 15 years of age are said to have received some formal education, which is now compulsory at least through primary school. Average per capita income was the equivalent of \$467 in 1973. Taiwan is well into the demographic transition from high death rate and birth rate to low death rate and birth rate, but population excess is a large problem, and there is an active if not entirely successful birth control program. It is estimated that in the 1980's the population will be greater than 20 million. Taiwan has already passed through the epidemiological transition from infectious disease being the chief cause of death to cancer and cerebrovascular disease being the chief causes of death, but tuberculosis remains an important public health problem. Taiwan has a modern system of public health and a national system of health care services that includes both public and private sectors, but no national health insurance.⁴ The system of health care is not well integrated and is dominated by private practitioners engaged in a highly competitive marketplace economic practice.

The national health system is serviced entirely by Western-

4. For general statistics, see *China Yearbook 1974* (Taipei: China Publishing Co.); for general medical statistics, see *Health Statistics, Republic of China, 1974*, Vol. 1. General Health Statistics (National Health Administration, Republic of China). See Baker and Perlman (1967) for a detailed study of health manpower. For medical statistics concerning Taipei, see *Public Health in Taipei, 1973* (Taipei City Health Department). All health statistics for the three districts of Taipei City studied come from the Taipei City Health Department.

General historical, economic, and social essays about Taiwan are found in Paul Sih, ed., *Taiwan in Modern Times*. A very critical personal account of the political situation in Taiwan since 1945 is to be found in George Kerr, *Formosa Betrayed*. Since most American China anthropologists after 1949 turned to Taiwan for field research on Chinese culture, the village-based ethnographic literature about Taiwan is remarkably large, but only recently has attention turned to urban studies. Consult Ahern (1976), Gale (1976), Gould-Martin (1976), and Tseng (1976) for reports of anthropological, epidemiological, and clinical field research studies on various aspects of health care and healers in Taiwan.

style doctors, most of whom are graduates of one of Taiwan's seven medical schools. Taiwan exports doctors to the United States, and roughly three-fourths of the graduates of National Taiwan University Medical School over the past decade have emigrated to the United States. That prestigious medical school and hospital complex are quite comparable to smaller university medical centers in the United States with respect to quality of training of staff, level of health care services delivered, and research.

Taiwan in 1974 had 7,724 licensed Western-style doctors (*hsi-i-sheng*), 1,592 licensed Chinese-style doctors (*chung-i-sheng*), not including licensed bone-setters for whom no figure is available, 4,243 professional nurses, 2,510 modern midwives, and 4,141 Western-style, licensed pharmacists (Health Statistics, R.O.C., Vol. 1, 1974: 44-45). Public health services and government-sponsored health care services are dispensed from 346 rural township and urban district health stations, each of which is staffed by a medical team consisting of public health nurse, midwife, sanitation expert, and either full-time or part-time doctor. Besides licensed practitioners there are large numbers of unlicensed practitioners of both Western-style and Chinese-style medicine. Indeed, there are probably more unlicensed (and therefore illegal) than licensed practitioners of Chinese-style medicine. Both Western-style and Chinese-style doctors have their own licensing examinations, professional bureaucratic organizations, and systems of training; but only Western-style medicine receives direct financial support from the government.

In addition to these practitioners, there are all sorts of practitioners of secular and sacred folk medicine, including: herbalists, itinerant drug peddlers, unlicensed specialists in skin and eye disorders, experts in massage and systems of calisthenics (e.g., *kung-fu* and *t'ai chi ch'uan*), fortune-tellers, physiognomists, traditional midwives, priests of the local folk religion (a syncretic mixture of Taoism and Buddhism), shamans, temple-based interpreters of *ch'ien* (fortune papers) and ritual experts, and numerous other folk specialists. Most folk practitioners are unlicensed and illegal, but they had been tolerated by the authorities until September, 1975, when the government began to enforce some rules concerning medical practice.

Drugs are by law only to be distributed by doctors' prescriptions from licensed pharmacies. In fact, all Western and Chinese medicines, except narcotics, can be readily obtained from pharmacies and drug stores without prescriptions. Pharmacists frequently diagnose and prescribe—and at a lower fee than most doctors. Western and Chinese medicines are about equally expensive, and patent medicines of both kinds are widely available. There is no regulation of advertising. Billboards, signs on buses, radio, and television are filled with commercial advertising by all sorts of practitioners on behalf of every available type of therapy, especially medicinal agents. Medical legal suits, which are frequent, quite commonly involve Western-style doctors, rarely involve Chinese-style doctors, and almost never involve folk doctors. Medical fees vary greatly. But probably as much, if not more, is spent on diet, special foods, tonics, vitamins, massage, exercise, regulation of life-style, preventive ritual, and the like in the service of health maintenance as on the treatment of sickness.⁵

5. I mention financial aspects of clinical care in Taiwan throughout the book without providing any details. In brief, when a client sees a *ch'ien* interpreter, he pays only for incense he burns in order to pray (25¢ or 50¢) and for rituals he may need to perform (these may range from \$1 up to as much as \$5). (I am giving U.S. dollar equivalents; in 1975, when I gathered this information, the official exchange rate was NT \$38 to one U.S. dollar.) The *ch'ien* interpreter receives no fee from the client but is paid by the temple. Visits to *t'ang-kis* (shamans) vary considerably in cost. There is the charge for burning incense and often a basic charge for asking the god questions (often 50¢ or 75¢), to which are added charges for charms and rituals. The client often spends \$2 to \$4, but poorer clients may give only \$1 to \$2. Visits to fortune-tellers and physiognomists range from \$1 to \$5, depending on what questions are asked. Chinese-style doctors' charges are based on the cost of the Chinese medicine prescribed; these, in turn, vary widely from less than \$1 to quite large sums for special and difficult-to-obtain medication. Visits often average from \$2 to \$3, and frequent visits may be required for a single problem.

Visits to acupuncturists tend to be quite expensive, since they often involve payment for a series of treatments. This fee has escalated with the upswing in world popularity of acupuncture treatment. In the late 1960's it was not more expensive than herbal treatment. Private Western-style doctors often end up charging \$2 to \$5 depending on treatment given and economic status of the client. Visits to health station and government hospital clinics are less expensive. Visits to the large modern clinics catering to the elite approximate charges in the United States. The National Taiwan University Hospital sets

The research reported in this book was part of studies that I conducted in three districts of Taipei (Yen-Ping, Lung-Shan, and Shuang-Yüan). Most of the practitioners I describe practice in these three districts, which are the oldest in Taipei. They are noted for being inhabited primarily by Taiwanese, for being the most culturally traditional sections of the city, and for housing some of the poorest people in Taipei, along with middle-class residents. Shuang-Yüan, one of the poorest districts in Taipei, has many recent migrants from rural areas. The 1972 figures for population and *licensed* private medical practitioners in these three districts are summarized in Table 1. Note that Shuang Yüan has more than twice the population but substantially fewer Western-style and Chinese-style practitioners (counting bone-setters) than the other districts.

Only the poorest families in Taipei receive social welfare assistance and free medical care at local health stations. Some families, including most mainland families, have access to virtually free medical care at military hospitals and clinics. Some

different hospital charges based on class of room occupied (first, second, third, etc.). The basic charge on the psychiatric ward is \$1.25 per day for food, \$2 per day for room, and everything else, including medication, is extra. But this is still very inexpensive by United States standards. (By 1978, payment to shamans and other indigenous healers had increased only slightly, though prosperous clients sometimes donated large sums, but private Western medical practice fees for outpatient visits had increased by 25 to 50 percent.)

As for practitioner incomes, Western-style doctors in private practice in Taiwan are among the most affluent people in the population. They often own their own small hospitals and many have invested in real estate and business. But this situation appears to be changing for recent medical school graduates as competition increases. Payment of doctors in government hospitals is very low by United States standards. Consequently, these physicians, as well as physicians in research and teaching, engage in private practice. Chinese-style doctors usually make considerably less than Western-style doctors, but some have made large incomes based on advertising, local and national reputations, large numbers of patients, or ownership of a big pharmacy or drug factory. The incomes of folk practitioners are much harder to estimate, but I have seen *t'ang-kis* in Taipei make as much as \$250 in a week and, in one case, in one night (this sum must be shared among assistants and the owner of temple), but these are extreme exceptions. The typical *t'ang-ki* makes much less and usually remains at a lower-class or, for the more successful, lower middle-class income level.

Orientations 1

Table 1
*Licensed Private Medical Practitioners
in Three Districts of Taipei*

	<i>Yen-Ping District</i>	<i>Lung-Shan District</i>	<i>Shuang-Yüan District</i>
Total population	58,263	67,933	142,961
Western pharmacists	68	76	84
Chinese pharmacy owners	86	39	37
Western patent drug stores	16	13	15
Chinese-style doctors	16	43	17
Bone-setters	7	4	0
Modern midwives (private)	8	8	13
Total Western-style doctors*	66	81	45
Pediatricians	6	6	2
Internists	35	56	36
Obstetrician-Gynecologists	3	3	2
Surgeons	11	4	2
Otolaryngologists	3	3	1
Ophthalmologists	2	2	0
Psychiatrists	0	0	2

Source: Table was compiled from data obtained from Taipei City Health Department in 1975.

*Specialities listed for practitioners do not reflect particular specialty training, since Western-style and Chinese-style doctors can advertise as specialists regardless of qualifications.

workers and government employees have health insurance, but most people do not. Each district has a health station, run by the Taipei City Health Department, in which public health work (vaccination, sanitation, etc.), medical education, and some health care services are provided. Health care services include treatment at relatively low cost of tuberculosis, hypertension, stroke, and a variety of maternal and child health problems. There are also public and private hospitals in each district. But the shops and shrines of traditional healers far outnumber the clinics of modern medical practitioners. It is also worth noting that only one district has private psychiatrists. In fact, these are not trained psychiatrists but general practitioners (licensed and unlicensed) who specialize in treating psychiatric disorders with drugs and ECT and who own and run their mental hospitals. These establishments are more like prisons or warehouses than hospitals, but the university and city psychiatric hospitals are comparable to their counter-