

Sorting Out Tradition: The Ding Current in Chinese Medicine

by
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Note: This is an edited synopsis of chapter 13 from Volker Scheid's forthcoming study of continuity and change in Chinese medicine over the last four centuries. The study will examine the rise and fall of an important medical dynasty whose physicians played a leading part in shaping elite Chinese medicine during this time. It will be published by Eastland Press under the provisional title *Currents of Tradition: Chinese Medicine in Jiangnan, 1600-2000* in 2005.

Introduction

The educational reforms set in motion by Ding Gan-ren, the founder of the Shanghai Technical College of Chinese Medicine, and others during the early years of the Chinese Republic changed Chinese medicine in two important ways. They began the institutionalization of learning that continued under the People's Republic after 1949, and they gradually moved elite Chinese medicine in the direction of a distinctive profession rather than an occupational group. In this sense the recent developments of Chinese medicine under Maoism, Dengism, and Jiang Zemin's reign are just different tracks of a more comprehensive movement towards modernity.

Here these continuities are examined through the biographies of three of Ding Gan-ren's most well-known and influential disciples: Cheng Men-xue, Qin Bo-wei and Zhang Ci-gong. All three were among the first students to graduate

from the Shanghai Technical College of Chinese Medicine in the early 1920s, and all went on to play prominent roles in the modernization of Chinese medicine in Republican and Maoist China. Yet each also developed a distinctive style of medical practice and approach to modernisation.

Cheng Men-xue (1902-1972)

Cheng Men-xue is chosen as a representative of those literati physicians who never surrendered their Neoconfucian vision of medicine as scholarship in the face of the prevailing winds of scientism. He was born in 1902 in Wuyuan, Jiangxi Province, into a prosperous family. In 1916, he moved to Shanghai, studying with Ding Gan-ren, at the time Shanghai's most prominent physician. Cheng graduated from the first class of the Shanghai Technical College of Chinese Medicine in 1921. Subsequently, he taught there and practiced at its affiliated teaching hospitals. His clear teaching style, his ability to explain complex problems in an easily accessible manner, and a sure touch with his patients quickly earned him respect and admiration among students and colleagues. From 1927 to 1931 he was the Director of Educational Affairs at the college and helped to guide it through its most difficult period in the wake of Ding Gan-ren's death.

A Journey of Self-cultivation

In 1935, Cheng opened his own practice. His reputation as a literati physician of exceptional skill attracted an affluent clientele, and as a result, he gradually changed his treatment style. At the teaching clinics of the Shanghai College, where patients were poor and illnesses acute and serious, he tended to employ classical formulas,

often with very large dosages. Daily dosages of 240g of Gypsum Fibrosum (*Shi Gao*) and 500g of Radix Lateralis Praeparatus Aconiti Carmichaeli (*Fu Zi*), drugs traditionally used with extreme circumspection, were apparently not uncommon. (Cheng's first teachers at the Shanghai Technical College in the early 1920s had been forceful exponents of this approach). Later, Cheng engaged in intensive personal studies that drew him towards the works of Ye Tian-shi and his subtle art of prescribing. Influenced also by Ding Gan-ren's experience with upper class patients and his path-breaking integration of *shang han* (damage due to cold) and *wen bing* (warm disease) therapeutics, Cheng gradually moved towards carefully crafted prescriptions that used minimal dosages, in some cases as little as 0.3g.

Cheng later described this development as a journey of self-cultivation that any physician must travel. In his early period he seriously pursued a wide range of other interests besides medicine including poetry, calligraphy, and painting, in all of which he showed considerable talent. Then, having decided that his calling was that of a physician, he spent the next decade transforming himself "from someone who possessed inklings of knowledge into an expert in the field". His chosen field of expertise was the *Jin Gui Yao Lue* (*Essentials of the Golden Cabinet*), the Han dynasty classic. Then from the age of 36, he engaged in depth with all the major works of the Chinese medical literature. Travelling in this way upstream to the origins of his medical tradition, he increasingly came to the conclusion that "too much literature is of no benefit because a small number of classical texts is all one needs". Finally, pondering a few selected passages from the *Nei Jing* (*Inner Classic*) or *Nan Jing* (*Classic of Difficulties*), he returned "from wide learning to simplicity, from a coarse familiarity with everything to an understanding of what is essential".

When Shanghai needed to find a representative figure who could unite the various currents of its

Chinese medical community, that all could look up to and that no one felt threatened by, the choice was Cheng Men-xue. He was the first president of the Shanghai College of Chinese Medicine, which he led for 10 years from its foundation in 1956 to the outbreak of the Cultural Revolution in 1966. He was granted a personal audience with Mao Ze-dong in 1959, though this did not save him from vilification during the Cultural Revolution a few years later. Cheng died in Shanghai in 1972 due to an illness caused, at least in part, by these events.

A Case Study

Cheng developed a treatment style that emphasised a continuous engagement with clinical practice and an understanding of change and transformation. The following case history illustrates his approach.

A 41 year-old woman presented in March 1948 with heart palpitations and burning fever, sweating throughout the day and night, chills after each episode of sweating, lack of appetite, an immersed pulse, and thin tongue fur. Cheng diagnosed a disharmony between nutritive and defense qi, for which he prescribed a variation of the formula *Gui Zhi Tang* (Cinnamon Twig Decoction). This is the flagship formula in Zhang Zhong-jing's *Shang Han Lun* (*Treatise on Damage [Due to] Cold*), indicated for fever with sweating and aversion to wind and cold. The fever here is explained as resulting from the stagnation of nutritive qi that leads to a repletion of hot defense qi.

After three doses taken over the course of three days, the symptoms had still not improved. Cheng Men-xue accordingly changed his prescription to a variation of *Gan Mai Da Zao Tang* (Licorice, Wheat & Red Date Decoction). This is another of Zhang Zhong-jing's classical formulas, though prescribed here on the basis of Ye Tian-shi's understanding of its usage. The original indication in the *Jin Gui Yao Lue* is for a hysteric disorder described as resembling spirit pos-

session. Ye Tian-shi frequently employed the formula to treat depletion of nutritive qi accompanied by wind. The basic diagnosis thus has remained the same, but the perspective has changed. Cheng Men-xue now diagnoses the repletion of hot defense qi as resulting from a prior depletion of nutritive qi.

After six more days, the patient was still feverish, still sweated and did not sleep well, and, on further questioning, indicated that she had a dry mouth at night. Cheng once more changed his approach, prescribing a variation of *Dang Gui Liu Huang Tang* (Dang Gui Six Yellows Decoction). This implies that the disease dynamic is understood from yet another perspective. The heat was now located in the nutritive qi itself, as indicated by the dry mouth at night. This heat, in turn, had exhausted the liquid aspect of the nutritive qi leading to its depletion. After six days, the symptoms significantly improved, and, after six more days, they disappeared.

Throughout his life, Cheng Men-xue encouraged his students to cultivate the ability to switch perspectives. He equally emphasized that this ability could only be developed through an in-depth engagement with the classical medical literature.

Qin Bo-wei (1901-1970)

Cheng's friend and classmate Qin Bo-wei made a very different contribution to the development of medicine in Republican and Maoist China. Qin Bo-wei stemmed from a gentry family in Pudong in Shanghai. His grandfather was a locally renowned doctor and Qin Bo-wei started reading medical texts from an early age with his father. After a classical education in a private school, he studied medicine at the newly established Shanghai Technical College of Chinese Medicine from 1919 - 1923.

Author and Publisher

Following his graduation, Qin Bo-wei set out on a long career as a physician, educator, and pub-

lisher. He contributed voluminously to the Shanghai Chinese Medicine Press. Between 1926 and 1934, he wrote or edited 36 books. Some have become classics, none more so than his *Essence of Case Records by Famous Qing Dynasty Physicians*. In his preface to the first edition, Qin implicitly associates the book with the National Essence movement whose goal was to assimilate modern science and technology to Chinese culture without destroying that culture in the process. By emphasizing the empirical dimensions of Chinese medicine, Qin was attempting to highlight those aspects of the tradition that resonated with the core precepts of science as understood at the time, while preserving the genre of case records which had become an increasingly important from the late Ming period onwards.

Educator

Qin Bo-wei was instrumental in setting up the China Medical College in Shanghai in 1927. Its project was to "take Chinese medicine ... as its foundation and assimilate to it the best of Western medicine and pharmacology", and it became one of Shanghai's three major colleges of Chinese medicine. As Director of Education (1927-1931), he developed an educational strategy that reflected his understanding of modernization. He summarized this in six points:

1. Systematize everything that is not systematic.
2. Shun all unrealistic doctrines and give preference only to realistic aspects [of learning].
3. Collect the doctrines of different physicians and turn them into one [system of medicine].
4. Break up all Western and Chinese prejudice and seek only truth.
5. Apart from academic doctrine use experience as the main premise.
6. [Always] take into account a student's level of achievement and deliberate how to develop it.

This approach represented not a restructuring of Chinese medicine through Western science but the selective usage of a specific idiom of Western

science – systematic classification – in order to “sort out” one of the most enduring problems of Chinese medicine: its multiple currents of thought with their many contradictory views on clinical practice.

Qin Bo-wei’s *Lecture Notes*, published in 1930, soon came to be seen as one of the key achievements of the National Medicine movement. Like all Qin’s writings, they are characterized by a clear and systematic style, seeking to provide unambiguous definitions of hitherto contested terms and to guide students through the plethora of commentaries towards a clear and concise understanding of disease dynamics and treatment strategies.

However, Qin’s attempts to convince other colleges to agree on a common set of teaching materials failed. He had to wait until Mao Ze-dong committed his party to the development of Chinese medicine in order to see these divisions being overcome and his project moved forward. Hence, when he received a personal invitation to become an advisor to the Ministry of Health, Qin immediately accepted. In 1954, he left his beloved Shanghai to work in Beijing, first at the Ministry and, later, at the Beijing College of Chinese Medicine and the People’s Hospital.

Qin’s goals remained the same as those he had espoused as a young man, but what changed was the audience he was writing for. In Republican China, Qin had written for the Chinese medicine community. Now, he addressed himself to the state, believing in a mutual convergence of interests. Here, like most physicians of his generation, Qin Bo-wei made a fundamental miscalculation. If the state was now committed to the modernization of Chinese medicine, then this was not in order to develop Chinese medicine but in order to marshal its resources for the purposes of socialist development.

Protecting Chinese Medicine

Not surprisingly, strains soon began to emerge

between the Ministry of Health’s objectives of integrating Chinese medicine into a modern educational system and traditional physicians who, in spite of their enthusiasm for medical reform, continued to hold fast to the ideal of clinical efficacy as rooted in the personal understanding of literati physicians. In July 1962, matters came to a head when Qin Bo-wei and four other prominent Beijing physicians sent a letter to the Ministry of Health in which they expressed their dissatisfaction with current educational policies. Noting that these policies threatened the very continuity of Chinese medicine as a living tradition, they suggested that the new Chinese medicine colleges place greater emphasis on the study of classical texts and traditional methods of learning.

The protest resulted in a reduction of hours devoted to the study of biomedical subjects but did not achieve its main objective of reorienting education towards more traditional forms of enquiry. Qin Bo-wei and his fellow letter writers, on the other hand, were soon made to pay a heavy price for their unprecedented criticism of official government policy. During the Cultural Revolution four years later, they were accused of reaction, subjected to ritual humiliation and physical abuse, forced to live in a cattle pens, and made to clean latrines. Qin Bo-wei never recovered from this hurt and shame and died of lung cancer in 1970.

In one of his last letters, Qin Bo-wei recounts an episode of a patient suffering from leukemia. The patient, who was bleeding from her nose and mouth, had been treated by an attending physician at his hospital with a formula intended to cool the blood and stop bleeding. Although symptomatically this formula was indicated for nosebleeds, to a physician of Qin Bo-wei’s calibre, its usage in a severely depleted patient represented a gross mismanagement of the case. In Chinese medicine, one cools the blood in cases of fever or heat due to the invasion of external pathogens. In a patient weakened by chronic illness, a supplementing formula would have been

indicated instead. Qin Bo-wei noted that dealing with a patient in this manner showed “an extreme lack of care.”

Medicine here is depicted as an essentially moral activity. Hence, the criticism is not one of technical incompetence but directed at a lack of attentiveness towards other human beings. The Confucian commitment is clear and is another indication of the values that underpinned the medicine of Cheng Men-xue and Qin Bo-wei. It is equally apparent in the life of their friend and colleague, Zhang Ci-gong, who is the third physician I want to discuss.

Zhang Ci-gong (1903 - 1959)

Zhang Ci-gong was born in Dantu, Jiangsu and, at 16, enrolled at the Shanghai Technical College of Chinese Medicine, graduating in 1925. Restless, inventive, and idealist by nature, Zhang Ci-gong voraciously imbibed the spirit of modernization sweeping through China’s youth during the 1920s. Following his graduation he was increasingly drawn towards the radical wing of modernization within the Chinese medicine community. But as a scholar, he approached this via a further immersion in classical learning, reading medical and philosophical texts in an effort to discover in them what was worthy of being carried forward and what was not. He learned to reject the medical philosophies contained in the *Nei Jing* and *Nan Jing* and to take the works of Zhang Zhong-jing, which lacked any apparent reference to these philosophies, as the point of origin for the future development of Chinese medicine. He wrote:

“In terms of the early appearance of [many] medical inventions, my country definitely holds the most advanced position in the entire history of the world. During the Han and Tang dynasties, experience was most highly valued so that medicine was striding forward in the direction of science. From the Jin-Yuan onward, physicians came to rely on philosophical principles when discussing medicine in order to ingratiate them-

selves with men of letters. This is why their writings are all filled up with metaphysical speculation and absurdity. For a thousand years, there has been an uninterrupted flow [of such writings] doing damage all the while... I pledged to myself that I would act to repudiate this and initiate a revolution.”

Rash, impetuous, outspoken, and straightforward, caring little for outward appearances, possessing limited tactical skill, and inclined to sacrifice personal relationships in the pursuit of his ideas, Zhang Ci-gong’s life was characterized by struggle and frustration, by grand schemes that frequently did not turn into reality, and by a lack of recognition among peers who lacked his flexibility of mind, his openness and vision, but also his naiveté.

Striding Out Towards Modernity

Like many of his class mates, Zhang Ci-gong began his career as a physician and teacher at the Shanghai Technical College and its associated teaching hospitals where he worked from 1925 to 1928. However, his commitment to medical revolution soon brought him into conflict with the more conservative approach at the Ding family college. He, therefore, joined Qin Bo-wei in founding the China Medicine College. He also developed a lecture course on materia medica that relied on Western pharmacology in order to sort out disputes in the classical literature regarding the nature and action of individual drugs. Not infrequently, this method led him to conclusions that differed substantially from mainstream opinion, even if he could show that, for all his reliance on Western knowledge, he never deviated from classical precedent.

Zhang Ci-gong’s methodology resonated closely with the ideas of Lu Yuan-lei who had begun teaching classes on the *Shang Han Lun* at the new college in the fall of 1928. Impatient for an even more radical program of modernization, Zhang joined forces with Lu Yuan-lei to establish a new school, the Shanghai National Medicine

College, in the spring of 1929. Its motto was: “Develop tradition by fusing it with new knowledge.”

Without sufficient financial backing, the college was forced to close after only three years. Meanwhile, within the Chinese medicine community at large, it became increasingly clear that the modernizers would be unable to assert their views against the more powerful conservatives. Disillusioned about the future of Chinese medicine, Zhang Ci-gong withdrew from teaching altogether and directed his energies to clinical practice and historical research. Here too he went his own way in his attempts to detach his medicine from its integration into elite culture. He opened a surgery in Xujiahui Street, charging only half the normal consultation fee (0.6 Yuan) typical of Shanghai at the time and sometimes not more than a single cigarette. Guided by three heartfelt principles: “simple, effective, cheap” (*jian bian, yan, lian*), Zhang thus came to be known throughout Shanghai as the “physician of the ordinary people.”

Boundary Crossings

Throughout his life, Zhang Ci-gong emphasized the importance of empirical observation over philosophical speculation. This led him to reject the division between Chinese and Western in medicine but also the splitting-up of Chinese medicine into competing traditions and rival currents of thought. Hence, while his teacher Cao Ying-fu had valued cold damage over warm [pathogen] therapeutics, clinical experience caused Zhang Ci-gong to reject this position in favour of a more integrative view. He noted that the treatment methods of both Zhang Zhong-jing and Ye Tian-shi embodied the spirit of science, yet had to admit that, from the stand-point of modern knowledge, their ideas were ridiculous (*ke xiao de*). Hence, it was necessary to develop them further in the light of modern science:

“We therefore should diligently study scientific medical methods in order to correct Chinese

medicine’s form and fill its content. Using the experience accumulated...throughout the history of Chinese medicine, [as well as] the formulas, materia medica, acupuncture and moxibustion [techniques], we must add to these research and applications [on the basis] of the scientific method. [In this way,] we will be able to gradually dissolve [all of these various treatment methods and currents of tradition] within a single scientific medicine established in China. In this way, the blood of Chinese medicine will flow forever within this new medicine.”

He further commented:

“With regard to Western medicine physicians [treating] infectious diseases, when they do not know the bacterium [that causes the] disease, or when they know the bacterium [that causes the] disease but do not possess an effective drug to treat it, then they too can only treat the symptoms. The criteria of such symptomatic treatment are also completely deductive. Therefore their treatments – [just] like those of Chinese medicine – more often than not do not achieve success... However, they can continue to do research [on these diseases] and dare to over-turn old theories; whereas Chinese medicine is entirely lacking in this spirit. This is because Chinese medicine obstinately clings to the original classics. [Its physicians] do not dare to say anything that cannot be found in classical formulas or medical classics and can only use the doctrines of [mutual] generation and overpowering to justify themselves.”

Looking Beyond the Established Medical Canon

The impatience expressed in the lines above cannot be read as a simple call for the revolutionary overturning of tradition. However, unlike Cheng Men-xue and Qin Bo-wei, who refined their skill as physicians through an on-going engagement with the tradition, Zhang Ci-gong looked for solutions outside of the established medical canons. He frequently used single drugs to

directly treat a specific disease or symptom, a practice traditionally associated with itinerant healers rather than scholar physicians and also, of course, with Western medicine. He extended established usage of drugs by drawing on Western pharmacological knowledge. And he attempted to understand the thinking of ancient physicians in the light of modern scientific knowledge. Yet he did not, therefore, advocate the wholesale assimilation of Chinese medicine into Western medicine. Rather, ignoring in his idealistic manner the power relations between the two medical traditions, he hoped that tearing down the boundaries between them would lead to the creation of something entirely new.

Zhang Ci-gong's redefinition of the concept of qi – a quintessential aspect of the Chinese medical tradition – as equating in some general sense to the notion of nervous function is one example of the manner in which he hoped to realize his project. Another is his approach to the use of the drug Semen Pruni Armeniacae (*Xing Ren*). It was generally understood to open obstructions of lung qi and thereby assist the downward movement of qi in the body more generally. Its indications accordingly included cough, wheezing, and fullness in the chest but also constipation and the elimination of fluids or pathogens through urination. Aware of the spasmolytic action of its chief ingredient, amygdalin, Zhang Ci-gong now added gastritis and ulceration of the stomach and duodenum to this list. He argued that inflammation of the gastric mucous membranes caused nervous spasms which expressed themselves in epigastric and abdominal pain. Semen Pruni Armeniacae could calm these spasms and thereby open and regulate the downward movement of qi.

Snatching Defeat from the Jaws of Victory

The political climate and medical reforms in early Communist China closely resonated with the ideologies of the more radical reformists within the Chinese medicine community and opened up new opportunities for Zhang Ci-gong

to make his voice heard. In 1955, he accepted an invitation to work as an advisor to the Ministry of Health in Beijing, hoping that this would enable him to complete the unfinished project of modernization. In return, he accepted the leadership of the party in directing both medical and personal reform, an effort that included for Zhang Ci-gong himself lengthy self-criticisms, the study of dialectical materialism, and the painful process of giving up his addiction to the opium pipe.

Once more, however, revolutionary spirit and zeal alone proved insufficient tools in the struggle for domination of Chinese medical politics. As a clinician, Zhang Ci-gong was much respected and sought after by leading members of the politburo. His enthusiasm for the large scale import of Western medical knowledge into the field of Chinese medicine was resisted forcefully, however, by the more conservative members of the Academy of Chinese Medicine. His enemies attacked him for being “neither Chinese nor Western,” “neither old nor new” and successfully undermined his standing in the eyes of the political elite through various kinds of gossip for which Zhang Ci-gong himself provided ample ammunition by way of personal habits, comportment, and behaviour. Paying little attention to social etiquette, he forcefully advanced his views at every possible opportunity and, as a result, ended up with few friends beyond his circle of students and acquaintances from Shanghai. Frustration with the lack of progress in realizing his ambitions and the in-fighting between the many different factions at the Ministry and the Academy gradually took its toll on Zhang Ci-gong. At night, he drowned his sorrows in wild drinking sessions which further undermined his status and reputation. His health increasingly declined, and he died from liver cancer in 1957 at the early age of 56.

In the end, therefore, Zhang Ci-gong's vision of “developing tradition by fusing it with new knowledge” did not prevail. Instead, a more conservative route to modernization under the slo-

gan, “adopting the old to modern usages, gaining new knowledge through reviving the old,” gained the upper hand. It was advocated by a conservative elite at the Academy of Chinese medicine and at Chinese medical colleges throughout the country that consisted of the same physicians who had dominated the field of Chinese medicine during the late Republican period.

Summing Up

Cheng Men-xue, Qin Bo-wei, and Zhang Ci-gong shared a common path to medicine, a firm foundation in classical scholarship, and a love of the arts that allowed them to become accomplished poets, writers, calligraphers, and painters as well as physicians. In this sense, they still belonged to the scholarly elite that had dominated medicine in late imperial China. At the same time, they were committed to a process of modernization that propelled them towards becoming elite physicians in Maoist China. Yet they embodied three distinctive pathways toward modernity in Chinese medicine.

Cheng Men-xue most closely followed the model of self-cultivation embraced by Confucian scholars and conceived of his development as a physician in terms of a process of ongoing refinement. His vision of modernization consisted of the more efficient organization of this process, be it within modern schools and colleges or through the collection and dissemination of personal experience by means of state administered programs. Although he held open the possibility of a more rationalized medicine emerging in the process, his more realistic view was that of a 100 schools of thought contending and enabling personal growth.

Qin Bo-wei proposed to circumscribe the essence of tradition by means of a systematic sorting out of the medical archive. Quite naturally, this led him towards an emphasis on educational reform and standardization as central for Chinese medicine’s modernization. The compilation of the textbooks that were his own contribu-

tion to this process, however, was the product of classical scholarship and of a singular personal effort. In that sense it is no contradiction that he became a victim of a revolution that embodied modernity’s detestation of the individual.

Zhang Ci-gong, finally, emphasized empiricism and ongoing research as keys to the development of tradition. He thus was drawn towards a definition of medicine that overcame distinctions between elite learning and folk medicine in both theory and practice. Yet, he also remained committed to a nationalist definition of medicine running counter to the universalism of science and was never able – or willing – to free himself entirely from the habitus of the scholar physician.

Through their lives and work, Cheng Men-xue, Qin Bo-wei, and Zhang Ci-gong thus represent distinctive possibilities of modernization within the Chinese medical tradition. That all three guided their own children towards careers in Western medicine, furthermore, suggests a shared pessimism regarding the possibilities and final outcome of this process. History has shown that this pessimism was premature. All three continue to be celebrated in contemporary China as exemplary physicians who provided continuity in a period of change and possessed the ability and courage to take on leadership roles. This suggests that the different projects of modernization that they embodied continue to contend with each other and that their contradictions have not been finally resolved.

However, regularization and standardization are proceeding apace and have been accelerated by recent attempts to insert Chinese medicine into global techno-scientific networks. The Chinese medicine that these processes are creating is very different from that envisioned by the three physicians that I have discussed. It comes as no surprise, then, that the physicians who continue to publish compilations of writings by Cheng Men-xue, Qin Bo-wei, and Zhang Ci-gong, who cherish their memories privately or in specially

organized conferences are, by and large, themselves in their 70s and 80s. I myself have had the opportunity to study with a student of Ding Jimin whose nameplate had been written by Cheng Men-xue, with a student of Qin Bo-wei, who introduced me to his style of practicing medicine, and with a teacher in the lineage of Zhang Ci-gong. But there are few of these physicians

left. The Ding family current, like the currents of many other long established medical traditions, are finally running dry. What that means for Chinese medicine at large is another story.

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